

PART He-C 6339 CERTIFICATION FOR PAYMENT STANDARDS FOR COMMUNITY-BASED IN-HOME SERVICE PROVIDERS: CHILD HEALTH SUPPORT, HOME BASED THERAPEUTIC, THERAPEUTIC DAY TREATMENT, ADOLESCENT COMMUNITY THERAPEUTIC SERVICES AND INDIVIDUAL SERVICE OPTIONS - IN-HOME

Statutory Authority: RSA 170-G:4 XVIII, RSA 170-G:5

**Readopt with amendment He-C 6339, effective 9-19-16 (Document #11180 Interim), to read as follows:**

He-C 6339.01 Purpose.

Formatted: Indent: First line: 0.42"

(a) The purpose of this part is to identify the qualifications and performance requirements to become a provider of community-based in-home services for the division for children, youth and families (DCYF) ~~and the division for juvenile justice services (DJJS)~~ and describe in-home services that assist children and families in remedying abusive, neglectful, delinquent and children in need of services (CHINS) behaviors. These services include child health support, home based therapeutic, therapeutic day treatment, adolescent community therapeutic services and individual service options in-home.

Formatted: Indent: First line: 0.42"

(b) The goals of in-home community based services are to:

Formatted: Indent: First line: 0.42"

- (1) Ensure the safety of children, families and communities;
- (2) Improve interpersonal relationships and communication within the family;
- (3) Prevent the placement of a child in out-of-home care;
- (4) Reduce the recurrence of juvenile delinquent or status offenses;
- (5) Improve each child's well-being in the home and community;
- (6) Stabilize the child and family by providing therapeutic support prior to a court-ordered or voluntary placement; and
- (7) Assist in preparing the family and the child for reunification if the child is in out-of-home placement by:

a. Supporting the permanency plan of the ~~child-youth~~; and

b. Supporting and enhancing the ~~youth's~~ child's positive community connections.

He-C 6339.02 Scope. This part shall apply to community-based in-home service providers who receive medicaid or financial reimbursement from the department of health and human services (DHHS) for services provided to children and families.

Formatted: Indent: First line: 0.42"

He-C 6339.03 Definitions.

Formatted: Indent: First line: 0.42"

(a) "Adolescent community therapeutic services" means the implementation, coordination, and maintenance of cases involving children in need of services and delinquents, which include intensive monitoring, counseling and supervision of juveniles.

Formatted: Indent: First line: 0.42"

(b) “Agency” means the board of directors, executive director, and employees of an organization that is incorporated and recognized by the NH secretary of state or another state’s regulatory authority.

Formatted: Indent: First line: 0.42"

(c) “Applicant” means the entity that is requesting certification for payment as an in-home service provider.

Formatted: Indent: First line: 0.42"

~~(d) “Case plan” means the division for children, youth and families or the division of juvenile justice services written document, pursuant to RSA 170-G:4, III, that describes the service plan for the child and family, and addresses outcomes, tasks, responsible parties, and timeframes for correcting problems that led to abuse, neglect, delinquency, or child in need of services (CHINS).~~

~~(e)~~(d) “Certification for payment” means the process by which the division for children, youth and families approves the qualifications of and payment to providers of community-based in-home service.

Formatted: Indent: First line: 0.42"

~~(f)~~(e) “Child or minor” means an individual from birth through age 20, except as otherwise stated in a specific provision.

Formatted: Indent: First line: 0.42"

~~(g)~~(f) “Child health support services” means in-home support services for children and families through the provision of supportive counseling, health assessment, health education, behavioral health management, referral to resources, coordination of services, and other supports for the purpose of improving the health and well-being of children and other family members.

Formatted: Indent: First line: 0.42"

~~(h)~~(g) “Child in need of services (CHINS)” means “child in need of services” as defined by RSA 169-D:2.

Formatted: Indent: First line: 0.42"

~~(i)~~(h) “Child protective service worker (CPSW)” means an employee of the division for children, youth and families who has expertise in managing cases to ensure families and children achieve safety, permanency and well-being.

~~(j)~~(i) “Commissioner” means the commissioner of the department of health and human services or his or her designee.

~~(k)~~(j) “Community-based in-home services” means child health support, home-based therapeutic, therapeutic day treatment, individual service options in-home and adolescent community therapeutic services.

~~(l)~~(k) “Conflict of interest” means a situation, circumstance, or financial interest, which has the potential to cause a private interest to interfere with the proper exercise of a public duty.

~~(m)~~(l) “Corporal punishment” means the deliberate infliction of pain intended to correct behavior or to punish.

~~(n)~~(m) “Court-ordered” means a written decree that is issued by a district, family, superior, probate, or Supreme Court.

~~(o)~~(n) “Department (DHHS)” means the department of health and human services.

~~(p)~~(o) “Direct service staff” means employees, contractors and volunteers who have access to children or access to client information.

~~(p)~~ “Director” means the director of the division for children, youth, and families, or the director of the division for juvenile justice services, or designee.

~~(q)~~ “Division for children, youth, and families (DCYF)” means the organizational unit of the department of health and human services that provides services to children and youth referred by courts pursuant to RSA 169-C, RSA 170-B, RSA 170-C and RSA 463.

(r) “DCYF Case plan” means the division for children, youth and families or the division or juvenile justice services written document, pursuant to RSA 170-G:4, III, that describes the service plan for the child and family, and addresses outcomes, tasks, responsible parties, and timeframes for correcting problems that led to abuse, neglect, delinquency, or child in need of services (CHINS).

(s) “Division for juvenile justice services (DJJS)” means the organizational unit of the department of health and human services that provides supervision and services to children and youth referred by courts or the juvenile parole board pursuant to RSA 169-B, RSA 169-D and RSA 170-H.

(t) “Evidence-informed practice” means the process of treatment, which takes into account client preferences and values, practitioner expertise, best scientific evidence and clinical characteristics and circumstances.

(u) “Founded” means a report of abuse or neglect where the department has determined that there is a preponderance of the evidence to believe that a child has been abused or neglected.

(v) “Home-based therapeutic services” means the provision of intensive, short term, therapeutic interventions in the home setting in order to strengthen the family and prevent placement of the child(ren).

(w) “Indicator” means a measure, for which data is available, that helps quantify the achievement of a desired result or outcome.

(x) “Individualized education plan (IEP)” means a child-specific plan that meets educational needs, as defined in RSA 186-C:2, III.

(y) “Individual service options (ISO) In-Home” means a variety of intensive therapeutic, social, and community-based services provided or coordinated to meet the individual needs of a child and his or her family in their residence to prevent placement or to provide post-placement family support, or in a DCYF general foster care setting.

(z) “Juvenile probation and parole officer (JPPO)” means an employee of ~~DJJS~~DCYF who discharges the powers and duties established by RSA 170-G:16, and supervises paroled delinquents pursuant to RSA 170-H.

(aa) “Maltreatment” means the emotional or physical abuse or neglect of a child.

(ab) “Medicaid prior authorization,” means the documentation provided by DCYF ~~or DJJS~~ indicating the department’s responsibility for payment for medicaid eligible children.

(ac) “NH bridges” means the automated case management, information, tracking, and reimbursement system used by DCYF~~and DJJS~~.

(ad) "NH medicaid mental health authority" means the office of community mental health services administration, under the division of behavioral health within DHHS.

(ae) "Non court-ordered" means any voluntary agreement between DCYF ~~or DHS~~ and a family.

(af) "Outcome" means the intended result or consequence that will occur from carrying out a program or activity.

(ag) "Performance indicators" means the utilization of data measurements to gauge program or activity performance.

(ah) "Prescribing practitioner" means a provider licensed by the New Hampshire Board of Mental Health Practice, Board of Nursing, Board of Psychology or the Board of Medicine that provides services identified on 42 CFR 440:130 to reduce a physical or mental disability and aid in the restoration of a recipient to their best functional level.

(ai) "Primary Caring Adult" or "PCA" means someone who:

(1) The child wants to be his or her primary caring adult with whom the child may or may not live upon case closure;

(2) Is fit to serve as the child's primary caring adult;

(3) Makes a lifelong commitment to be the child's primary source of guidance and encouragement;

(4) Understands the child's current and future needs; and

(5) Is an adult other than the child's parent.

~~(aj)~~ (ai) "Progress report" means the monthly written notes, specific case reports and outcome reporting sent by the staff of an agency that documents improvement or lack of improvement made by the child or family toward specific goals, and may also include demographic data and performance indicators, a summary of family contacts, modification to the treatment plan, educational contacts with other professionals, and the disposition of grievances.

~~(ak)~~ (aj) "Provider" means the agency that serves a child or family and receives financial reimbursement from DHHS.

~~(al)~~ (ak) "Quality assurance" means the process that DCYF ~~and DHS~~ use to monitor the quality and effectiveness of community-based in-home services.

~~(am)~~ (al) "Service authorization" means the documentation provided by DCYF ~~or DHS~~ indicating the division's responsibility for payment of community-based services for non-medicare eligible children.

~~(an)~~ (am) "Structured decision making (SDM)" means a case management system utilizing a standardized, systematic approach to manage child protection services.

~~(ao)~~ (an) "Therapeutic day treatment services" means in-depth, short-term, outcome-oriented, therapeutic services provided to enable a child to reside in the community.

Formatted: Indent: Left: 0.7"

Formatted: Indent: First line: 0.42"

(~~aeap~~) "Treatment plan" means the written, time-limited, goal-oriented, evidence based plan for the child and family developed by the provider and DCYF ~~or DJJS~~, which is in agreement with the case plan.

(~~apag~~) "Voluntary services" means any voluntary, non court ordered agreement between DCYF ~~or DJJS~~ and a family.

He-C 6339.04 Application Process for Payment Standards for Community-Based In-Home Service.

Formatted: No underline

(a) Applicants who seek initial certification for payment standards for community-based in home service shall contact a DCYF ~~or DJJS~~ district office supervisor or designee and request to be referred for certification.

(b) Each applicant to be a provider of child health support services shall provide complete and submit a signed and dated Form 2603 "Application for Certification and Enrollment of Child Health Support Services Providers" (October 2016). ~~the following information on or with the "Application for Certification of Community-Based In-Home Service Providers":~~

~~(1) Name, office held, professional affiliation, address, and telephone number of each person on the agency's board of directors;~~

~~(2) The organizational structure;~~

~~(3) A copy of the license or other approval, as required from NH licensing bodies;~~

~~(4) A statement indicating whether the applicant or any direct service staff:~~

~~a. Has ever had their membership on any hospital, medical, or allied health provider staff revoked;~~

~~b. Has ever had their provider status with any group or health maintenance organization revoked;~~

~~c. Has ever had clinical privileges revoked;~~

~~d. Has ever had academic appointment terminated;~~

~~e. Has ever had their professional or general liability insurance canceled;~~

~~f. Has ever been convicted of a felony or any crime against a person and if so, the name of the court, the details of the offense, the date of conviction and the sentence imposed;~~

~~g. Has ever been subject to disciplinary action by a licensing body or professional society, been found civilly liable for professional misconduct, or found to have committed an ethical violation by a state or national professional association or any other state's regulatory board, and if so, the name of the licensing body or professional society, the reasons, dates, and results; and~~

~~h. Is currently listed in any child abuse and neglect state registry as having abused or neglected a child, and if so, the dates and reasons.~~

(c) Each applicant shall submit a completed, signed and dated "Statement of Affirmation" as part of Form 2603 "Application for Certification and Enrollment of Child Health Support Service Providers" (October 2016), that states the following:

Formatted: Indent: First line: 0.42"

"I affirm that all the information contained in this application is true, correct, and complete to the best of my knowledge and belief. I acknowledge that the provision of false information in the review document is a basis for denial of the continuation of certification. I understand that DCYF has the right to review the information contained in this review document;

I affirm that: I will notify DCYF in writing within 10 days of any change in the information contained in this review of continued certification;

By my signature below, I affirm that I have read and agree to adhere to administrative rule He-C 6339, "Certification for Payment Standards for In Home Community Based Service Providers."

(d) Part D of Form 2603 "Application for Certification and Enrollment of Child Health Support Service Providers" (October 2016) shall be completed, signed, and dated by each direct service staff and include the following information:

"I declare that all the information contained above is true, correct and complete to the best of my knowledge and belief. I acknowledge that the provision of false information in the application is a basis for denial of the application."

(e) Each submitted and signed Part D of Form 2603 "Application for Certification and Enrollment of Child Health Support Service Providers" (October 2016) shall have the following attestation signed and dated by the executive director or designee:

"I certify that a criminal record check for this individual is completed and on file at the agency."

(f) The applicant shall provide the following information with or in addition to Form 2603 "Application for Certification and Enrollment of Child Health Support Service Providers" (October 2016):

In addition to the requirements in (b) above, applicants shall provide the following information:

(1) A copy of a current resume or curriculum vitae of the program consultant and the executive director and a master list that identifies the name, the type of license, and the date of license expiration for each direct services staff; and

(2) The organizational structure of the program;

(3) The resume or curriculum vitae for the prescribing practitioner;

(4) A copy of the prescribing practitioner's license; and

(5) A completed, signed, and dated "State of New Hampshire Alternative W-9."

(2) A narrative that describes the following:

a. Type of in-home service to be provided;

- ~~b. Population to be served;~~
- ~~c. Program goals and objectives;~~
- ~~d. Method of service delivery;~~
- ~~e. Administrative procedures, including intake, treatment, and discharge criteria;~~
- ~~f. List of diagnostic tests which might be administered, if applicable;~~
- ~~g. Your agency's record keeping, confidentiality and other policies;~~
- ~~h. Quality assurance plan including the method for handling client complaints; and~~
- ~~i. Proposed program budget.~~

~~(d) The applicant shall return the completed application to DCYF within 30 days of receipt, together with an "Alternate W-9."~~

~~(e) An individual duly authorized by the agency shall sign and date the application.~~

~~(f) The applicant's signature shall constitute an affirmation and acceptance of the terms below:~~

- ~~(1) The applicant has read and understands He C 6339;~~
- ~~(2) The applicant shall be subject to a review by DCYF of financial information submitted for reimbursement for services provided to children and families; and~~
- ~~(3) The information contained in the application is true and correct to the best of the applicant's knowledge.~~

~~(g) Each applicant for Home-based therapeutic services shall submit a signed and dated Form 2604 "Application for Certification and Enrollment of Home-based Therapeutic Service Providers" (October 2016).~~

~~(h) A Part D of Form 2604 "Application for Certification and Enrollment of Home-based Therapeutic Service Providers" (October 2016) shall be signed and dated by each direct service staff and include the following information:~~

~~I declare that all the information contained above is true, correct, and complete to the best of my knowledge and belief. I acknowledge that the provision of false information in the application is a basis for denial of the application."~~

~~(i) Each submitted and signed Part C of Form 2604 "Application for Certification and Enrollment of Home-based Therapeutic Service Providers" (October 2016) shall have the following attestation signed and dated by the executive director or designee:~~

~~"I certify that a criminal record check for this individual is completed and on file at the agency."~~

Formatted: Indent: Left: 0", First line: 0.42"

(j) The provider shall submit a signed and dated "Statement of Affirmation" as part of Form 2604 "Application for Certification and Enrollment of Home-based Therapeutic Service Providers" (October 2016), that states the following:

I affirm that all the information contained in this application is true, correct, and complete to the best of my knowledge and belief. I acknowledge that the provision of false information in the application is a basis for denial of application. I understand that DCYF has the right to review the information contained in this application.

"I affirm that I will notify DCYF in writing within 10 days of any change in the information contained in this application.

By my signature below, I affirm that I have read and agree to adhere to administrative rule He-C 6339, "Certification for Payment Standards in Home Community Based Service Providers."

(k) The applicant shall provide the following information with or in addition to Form 2604 "Application for Certification and Enrollment of Home-based Therapeutic Service Providers" (October 2016) in (f) above:

(1) A resume or curriculum vitae for the clinical supervisor and executive director;

(2) A resume or curriculum vitae for the prescribing practitioner;

(3) A copy of the program organizational structure;

(4) A copy of the prescribing practitioner's license; and

(5) A copy of a completed, signed, and dated "State of New Hampshire Alternative W-9".

(l) Each applicant for therapeutic day treatment services shall submit a signed and dated Form 2605 "Application for Certification and Enrollment of Therapeutic Day Service Providers" (October 2016).

(m) Part D of Form 2605 "Application for Certification and Enrollment of Therapeutic Day Service Providers" (October 2016) shall be signed and dated by each direct service staff and include the following affirmation:

"I declare that all the information contained above is true, correct, and complete to the best of my knowledge and belief. I acknowledge that the provision of false information in the application is a basis for denial of my application."

(n) Each submitted and signed Part D of Form 2605 "Application for Certification and Enrollment of Therapeutic Day Service Providers" (October 2016) shall have the following attestation signed and dated by the executive director or designee:

"I certify that a criminal record check for this individual is completed and on file at the agency."

(o) The provider shall submit a signed and dated "Statement of Affirmation" as part of Form 2605 "Application for Certification and Enrollment of Therapeutic Day Service Providers" (October 2016) that states the following:

Formatted: Indent: Left: 0.3", First line: 0.42"

Formatted: Indent: Left: 0", First line: 0.42"

I affirm that all the information contained in this application is true, correct, and complete to the best of my knowledge and belief. I acknowledge that the provision of false information in the application is a basis for denial of the application. I understand that DCYF has the right to review the information contained in this application.

I affirm that I will notify DCYF in writing within 10 days of any change in the information contained in this application.

By my signature below, I affirm that I have read and agree to adhere to Administrative Rule He-C 6339, "Certification for Payment Standards for In Home Community Based Service Providers."

(p) The applicant shall provide the following information with, or in addition to Form 2605 "Application for Certification and Enrollment of Therapeutic Day Service Providers" (October 2016) in (m) above:

- (1) A resume or curriculum vitae for the program consultant and executive director;
- (2) A copy of the program organizational structure;
- (3) A resume or curriculum vitae for the prescribing practitioner;
- (4) A program budget; and
- (5) A completed, signed, and dated "State of New Hampshire Alternative W-9".

Formatted: Indent: Left: 0.3", First line: 0.42"

(q) Each applicant for adolescent community treatment services shall submit a signed and dated Form 2602 "Application for Certification and Enrollment of Adolescent Community Treatment Service Providers" (October 2016).

Formatted: Indent: First line: 0.42"

(r) Part C of Form 2602 "Application for Certification and Enrollment of Adolescent Community Treatment Service Providers" (October 2016) shall be signed and dated by each direct service staff and include the following affirmation:

I declare that all the information contained above is true, correct, and complete to the best of my knowledge and belief. I acknowledge that the provision of false information in the application is a basis for denial of the application."

Formatted: Indent: First line: 0.42"

(s) Each submitted Part C of Form 2602 "Application for Certification and Enrollment of Adolescent Community Treatment Service Providers" (October 2016) shall have the following attestation signed and dated by the executive director or designee:

I certify that a criminal record check for this individual is completed and on file at the agency."

(t) The provider shall submit a signed and dated "Statement of Affirmation" as part of Form 2602 "Application for Certification and Enrollment of Adolescent Community Treatment Service Providers" (October 2016)

I affirm that all the information contained in this application is true, correct, and complete to the best of my knowledge and belief. I acknowledge that the provision of false information in the application is a basis for denial of the application. I understand that DCYF has the right to review the information contained in this application.

I affirm that I will notify DCYF in writing within 10 days of any change in the information contained in this application.

By my signature below, I affirm that I have read and agree to adhere to Administrative Rule He-C 6339, "Certification for Payment Standards for In Home Community Based Service Providers."

(u) The applicant shall provide the following information with or in addition to Form 2605 "Application for Certification and Enrollment of Therapeutic Day Service Providers" (October 2016) in (q) above:

(1) A copy of a resume or curriculum for the program coordinator and the executive director;

Formatted: Indent: Left: 0.3"

(2) The organizational structure of the program;

(3) The resume or curriculum vitae for the prescribing practitioner;

(4) A copy of the prescribing practitioner's license;

(5) A copy of the professional and general liability insurance certificate(s) for the program;

(6) A copy of the program brochure;

(7) A current list of the board of directors including the following for each member of the board:

a. The full name;

Formatted: Indent: Left: 0.6"

b. The office held;

c. The professional affiliation; and

d. The address, telephone and email address;

Formatted: Indent: Left: 0.3"

(8) A completed, signed, and dated State of New Hampshire Alternative W-9."

(v) Each applicant for individual service option in home provider shall submit a signed and dated Form 2606 "Application for Certification and Enrollment of Individual Service Options (ISO) in Home Providers" (October 2016).

(w) Part D 2606 "Application for Certification and Enrollment of Individual Service Options (ISO) in Home Providers" (October 2016) shall be signed and dated by each direct service staff and include the following affirmation:

I declare that all the information contained above is true, correct, and complete to the best of my knowledge and belief. I acknowledge that the provision of false information in the application is a basis for denial of the application."

(x) Each submitted and signed Part D of Form 2606 "Application for Certification and Enrollment of Individual Service Options (ISO) in Home Providers" (October 2016) shall have the following attestation signed and dated by the executive director or designee:

I certify that a criminal record check for this individual is completed and on file at the agency.”

(y) The provider shall submit a signed and dated “Statement of Affirmation” as part of Form 2606 “Application for Certification and Enrollment of Individual Service Options (ISO) in Home Providers” (October 2016) that states the following:

I affirm that all the information contained in this application is true, correct, and complete to the best of my knowledge and belief. I acknowledge that the provision of false information in the application is a basis for denial of the application. I understand that DCYF has the right to review the information contained in this application.

I affirm that I will notify DCYF in writing within 10 days of any change in the information contained in this application.

By my signature below, I affirm that I have read and agree to adhere to Administrative Rule He-C 6339, “Certification for Payment Standards for In Home Community Based Service Providers.”

(z) The applicant shall provide the following information with or in addition to Form 2606 “Application for Certification and Enrollment of Individual Service Options (ISO) in Home Providers” (October 2016) in (v) above:

(1) A copy of a resume or curriculum for the program coordinator and the executive director;

Formatted: Indent: Left: 0.3"

(2) The organizational structure of the program;

(3) The resume or curriculum vitae for the prescribing practitioner;

(4) A copy of the prescribing practitioner’s license;

(5) A copy of the professional and general liability insurance certificate(s) for the program;

(6) A copy of the program brochure;

(7) A current list of the board of directors including the following for each member of the board:

a. The full name;

Formatted: Indent: Left: 0.6"

b. The office held;

c. The professional affiliation; and

d. The address, telephone and email address;

(8) A completed, signed, and dated State of New Hampshire Alternative W-9.”

Formatted: Indent: Left: 0.3"

He-C 6339.05 Review of Continued Certification Compliance.

Formatted: Indent: First line: 0.42"

(a) The provider shall submit a completed, signed and dated ~~a review form~~ Form 2607 “Review of Continued Certification for In-Home Community-Based Service Providers” (October 2016), as provided by DCYF, within 30 days of receipt.

(b) Part C of Form 2607 "Review of Continued Certification for In-Home Community-Based Service Providers" (October 2016) shall be signed and dated by each direct service staff and include the following affirmation:

I declare that all the information contained above is true, correct, and complete to the best of my knowledge and belief. I acknowledge that the provision of false information in the application is a basis for denial of the application."

(c) Each submitted and signed Part C of Form 2607 "Review of Continued Certification for In-Home Community-Based Service Providers" (October 2016) shall have the following attestation signed and dated by the executive director or designee:

"I certify that a criminal record check for this individual is completed and on file at the agency."

(d) The provider shall submit a signed and dated "Statement of Affirmation" as part of Form 2607 "Review of Continued Certification for In-Home Community-Based Service Providers" (October 2016) that states the following:

I affirm that all the information contained in this application is true, correct, and complete to the best of my knowledge and belief. I acknowledge that the provision of false information in the application is a basis for denial of the application. I understand that DCYF has the right to review the information contained in this application.

I affirm that I will notify DCYF in writing within 10 days of any change in the information contained in this application.

By my signature below, I affirm that I have read and agree to adhere to Administrative Rule He-C 6339, "Certification for Payment Standards for In Home Community Based Service Providers."

(e) The applicant shall provide the following information with, or in addition to Form 2607 "Review of Continued Certification for In-Home Community-Based Service Providers" (October 2016) in (a) above

(1) A copy of a resume or curriculum for the program coordinator and the executive director;

(2) The organizational structure of the program;

(3) The resume or curriculum vitae for the prescribing practitioner;

(4) A copy of the prescribing practitioner's license;

(5) A copy of the professional and general liability insurance certificate(s) for the program;

(6) A copy of the program brochure;

(7) A current list of the board of directors including the following for each member of the board:

a. The full name;

b. The office held;

Formatted: Indent: First line: 0.42"

Formatted: Indent: First line: 0.42"

Formatted: Indent: Left: 0.3"

Formatted: Indent: Left: 0.6"

c. The professional affiliation; and

d. The address, telephone and email address;

(8) A completed, signed, and dated State of New Hampshire Alternative W-9.”

Formatted: Indent: Left: 0.3"

Formatted: Indent: First line: 0.42"

~~(b)(f)~~ Agencies that do not submit a signed and dated Form 2607 “Review of Continued Certification for In-Home Community-Based Service Providers” (October 2016)~~review form~~ within 30 days of receipt shall have their certification revoked in accordance with He-C 6339.22 and denied payment.

~~(e)(g)~~ Renewal Continuance of certification shall be made by filing a signed and dated Form 2607 “Review of Continued Certification for In-Home Community-Based Service Providers” (October 2016) and shall be based on a review and verification of the provider’s compliance with He-C 6339.14 and specific requirements for the service provided.

~~(d)(h)~~ Review of continued certification compliance shall occur every 35 years from date of issue.

He-C 6339.06 Notification of Changes.

Formatted: No underline

(a) ~~For the period of certification, the~~ All providers shall notify DCYF in writing within 10 days of any change in the information contained in the application and provide documentation of the change.

(b) Each agency shall send any new staff information to DCYF~~’s certification specialist.~~

(c) ~~At the time of expiration of mandatory state licenses, the~~ All providers shall submit a copy of the renewed license to DCYF within 10 days of receipt from the New Hampshire licensing authority.

(d) The provider shall notify DCYF of any changes in tax information and submit to DCYF a completed, signed, and dated “State of New Hampshire Alternative W-9” form with its current tax information.

He-C 6339.07 Billing Requirements for Community-Based In-Home Services.

Formatted: Indent: First line: 0.42", Don't keep with next, Don't keep lines together

Formatted: No underline

(a) ~~Prior to the start of service delivery, providers shall be certified and enrolled as a provider of services to children and families for which DCYF and DJJS have responsibility under statute and rule. All providers shall be certified and enrolled pursuant to He-C 6339.04 prior to being eligible for reimbursement by DHHS.~~

(b) The provider shall not bill DHHS for services that are to be reimbursed by another entity.

(c) Providers shall not exceed the rates established by DCYF/DJJS nor will the rates exceed those charged by the provider for non-DCYF/DJJS children.

~~(e) The provider shall not bill DCYF/DJJS for services that are to be reimbursed by any other entity, including medicaid.~~

Formatted: Indent: First line: 0.42"

(d) The provider shall accept ~~payments~~reimbursement made by ~~DHHS DCYF/DJJS~~ as payments in full for the services ~~it provide~~ds.

(e) DCYF/~~DJJS~~ shall determine the need for services and the determination shall be binding on the provider.

Formatted: Indent: First line: 0.42"

~~(f) Providers shall, if requested, and as a condition of continued eligibility to receive payment for services provided, furnish DCYF/DJJS with a list of all officers, directors, employees, shareholders, lessors, and other persons with any proprietary interest in the provider.~~

~~(g) The provider shall notify DCYF of any changes in tax information and complete and submit to DCYF a signed alternate W-9 form with current tax information.~~

~~(h)(f)~~ The provider, if incorporated and if requested, shall submit to DCYF an audited financial statement prepared by an independent licensed public accountant.

~~(i)(g)~~ The provider shall provide services or care without discrimination as required by Title VI of the Civil Rights Act of 1964, as amended, and without discrimination on the basis of handicap as required by Section 504 of the Rehabilitation Act of 1973, as amended.

~~(j)(h)~~ The provider's certification and enrollment shall terminate upon date of sale or transfer of ownership or close of the agency.

He-C 6339.08 Billing Process for Community-Based In-Home Services.

Formatted: No underline

(a) Prior to service delivery, a provider shall obtain an authorization form, which consists of one of the following:

(1) For medicaid eligible recipients, a ~~"Medicaid Prior Authorization"~~"New Hampshire Title XIX Medicaid Program Service Authorization" from the New Hampshire Medicaid fiscal agent; or

(2) For non-medicaid eligible recipients, a Form 2110 "State of New Hampshire Division for Children, Youth and Families Service Authorization" (October 2016)~~"Service Authorization"~~.

(b) A provider shall bill the NH medicaid fiscal agent for medicaid eligible recipients either via paper claims or electronic claims submission, following the directions outlined by the NH medicaid fiscal agent, as follows:

Formatted: Indent: First line: 0.42"

(1) For a paper claim submission, a provider shall complete a CMS 1500 form and mail it to the NH medicaid fiscal agent; or

(2) For electronic claim submission, a provider shall submit an electronic claim to the NH medicaid fiscal agent.

(c) A provider shall bill the department through NH Bridges for non-medicaid eligible recipients either via paper claims or electronic claims submission, as specified in (d) and (e) below.

Formatted: Indent: First line: 0.42"

(d) For paper claim submissions, a provider shall:

(1) Copy the Form 2110 "State of New Hampshire Division for Children, Youth and Families Service Authorization" (October 2016) for future billings, if the authorized service

~~dates span a date range; "Service Authorization" for future billings, if the authorized service dates span a date range;~~

(2) For child health support, therapeutic day program and ISO in-home services, forward the completed and signed copy of Form 2110 "State of New Hampshire Division for Children, Youth and Families Service Authorization" (October 2016) for future billings, if the ~~authorized service dates span a date range; "Service Authorization"~~ to the department; and

(3) For home based therapeutic and adolescent community therapeutic service, forward the completed and signed "Purchased Service Invoice" to the department.

(e) For electronic claim submissions, a provider shall:

Formatted: Indent: First line: 0.42"

(1) Request a web billing account from DHHS by completing, signing, and submitting Form 2679 "Provider Web Billing User Account Request Form" (October 2016); and Be approved and authenticated to submit claims via web billing and have received a logon and password access to provider web billing; and

(2) Be issue a log on and personal identification number (PIN) by DHHS for use in accessing the web billing account. Select the recipient(s) and timeframe(s) for which they wish to submit claims from their list of approved service authorizations.

(3) Neither the provider nor any authorized representative shall transfer his or her log on or PIN, or allow use of his or her log on or PIN by any other person.

He-C 6339.09 Billing Period.

Formatted: Indent: First line: 0.42"

(a) A provider shall bill within one year of the date of provision of a service.

Formatted: No underline

(b) Any bill received after one year of the date of the provision of a service shall be denied pursuant to RSA 126-A:3.

(c) A provider shall submit bills at least on a monthly basis.

He-C 6339.10 Billing Discrepancies. Questions regarding billing discrepancies shall be directed to the provider relations' staff of the bureau of administrative operations in DCYF.

Formatted: No underline

He-C 6339.11 Record-Keeping and Record Retention.

Formatted: No underline

(a) A provider shall retain records for a period of no less than 7 years after the completion date of a provided service for each bill submitted to the department, any legally liable county, the medicaid fiscal agent or a private insurance company.

(b) The provider shall keep records as are necessary to comply with RSA 170-E: 42, when applicable, and to comply with DCYF ~~DHS~~ record-keeping requirements in He-C 6339.

(c) Records shall clearly document the extent of the care and services provided to children and families, including attendance records when those services are charged to the department, and information regarding any payment claimed.

He-C 6339.12 Quality Assurance Activities and Monitoring of Community Based In-home Service Providers.

Formatted: No underline

(a) The provider shall participate in quality assurance activities conducted by DCYF ~~and DJJS~~ using a variety of activities that may include a combination of record reviews, performance data measurements and visits to providers.

(b) The provider shall allow an on-site visit by DCYF ~~or DJJS~~, which may be random or scheduled, for the purposes of:

(1) Interviewing program staff;

~~(2) Interviewing children and families served;~~

~~(3)(2)~~ Reviewing program documents to determine continued compliance with He-C 6339; and

~~(4)(3)~~ Examining agency case records for DCYF ~~or DJJS~~ families.

(c) Providers shall ensure that clinical records, including all progress reports, are available for inspection and review by DCYF ~~and DJJS~~ staff during any on-site quality assurance or monitoring visit.

Formatted: Indent: First line: 0.42"

(d) Service providers shall be subject to monitoring and evaluation by DCYF ~~or DJJS~~ through a variety of activities that include:

(1) ~~Monthly~~ Queries of data that is stored on NH Bridges case management system and the medicaid management information system (MMIS);

(2) Reviews of case record information;

(3) Data reporting from the service providers; and

(4) Satisfaction surveys from stakeholders, such as families, CPSWs and JPPOs.

~~(e) Achievement on performance indicators shall be compared with the prior year's statewide achievement and continuing agency quarterly performance.~~

~~(f)(e)~~ Providers ~~with measurements~~ not demonstrating ~~positive achievement compliance with the provisions of He-C 6339~~ shall meet with DCYF ~~a service monitoring team~~, to develop an approved ~~DCYF corrective~~ action plan that includes:

Formatted: Indent: First line: 0.42"

(1) Areas of concern or non-compliance with He-C 6339;

(2) Areas of performance needing improvement;

(3) Recommendations for corrective action or program improvements;

(4) Determinations on corrective action timeframes and any additional responses by the agency; and

(5) Any recommendation regarding continued certification or revocation of certification.

(ef) A service provider shall be notified of any problems that are noted on the DCYF ~~DJS~~ staff surveys that include:

Formatted: Indent: First line: 0.42"

(1) Negative responses concerning quality and timeliness of service provision; and

(2) Written comments about agency performance.

He-C 6339.13 Reporting Requirements.

Formatted: Indent: First line: 0.42"

(a) Each service provider shall:

Formatted: Indent: First line: 0.42"

(1) With the assistance of a DCYF representative, if necessary, prepare an annual report of all statistical information used to measure achievement; and

(2) Submit the annual report to DCYF no later than 30 days following the end of the calendar year.

(b) The annual report shall include the following information:

Formatted: Indent: First line: 0.42"

(1) Services provided and changes in strategies that resulted in effective outcomes;

(2) Issues with the service utilization and observations about shifts in the targeted service population;

(3) Barriers discovered in the system of care; and

(4) Proposed enhancements to performance indicators.

(c) The provider shall submit monthly reports on outcomes and performance data to DCYF.

Formatted: Indent: First line: 0.42"

(d) Data reports shall be completed and submitted to DCYF no later than 15 days following the end of the month.

He-C 6339.14 Compliance Requirements.

Formatted: No underline

(a) The provider shall comply with:

(1) All applicable licensing and registration requirements prior to applying for certification;

(2) The medical assistance requirements of He-W 500 and He-M 426;

(3) The statutes regarding confidentiality, including RSA 169-B:35, RSA 169-C:25, RSA 169-D:25, RSA 170-B:19, RSA 170-C:14, and RSA 170-G:8-a; and

(4) The child abuse and neglect reporting requirements of RSA 169-C:29-30.

(b) For all direct services staff, prior to beginning their work with children, and thereafter on an annual basis, the provider shall review the sections of RSA 169 on definitions, immunity from liability and persons required to report.

Formatted: Indent: First line: 0.42"

(c) The provider and his or her employees shall not have a conflict of interest, as defined in He-C 6339.03(l).

(d) The provider shall maintain both professional and general liability insurance.

(e) Whenever transportation services are provided, the agency shall:

- (1) Verify that each driver possesses a valid driver's license;
- (2) Verify that each driver has automobile insurance liability coverage;
- (3) Conduct a motor vehicle record check to verify that each driver has no convictions for impaired driving or multiple motor vehicle violations; and
- (4) Obtain a criminal records check to verify that each driver has no convictions for crimes against persons.

(f) When domestic violence is identified as an issue for a family, each agency shall follow the "Mental Health Domestic Violence Protocols", as prepared by the NH governor's commission on domestic violence and available via the Internet at <http://doj.nh.gov/criminal/victim-assistance/protocols/dvmental.pdf> for from the NH department of justice as listed in Appendix A.

Formatted: Indent: First line: 0.42"

(g) The provider shall:

- (1) Be an enrolled NH medicaid provider agency;
- (2) Employ or contract with a prescribing practitioner who demonstrates approval of the medicaid-covered services by signing the child and family's treatment plan; and
- (3) Accept medicaid payment as payment in full.

(h) The provider shall bill all third party sources of reimbursement, including private health insurance and medicaid, prior to billing DCYF.

Formatted: Indent: First line: 0.42"

(i) As part of the certification requirements, each agency shall provide to each family a written description of their services, including:

- (1) Agency staff availability to families;
- (2) The services as reflected in the service provision guidelines for each category of service; and
- (3) The cost of the service, including the parent's obligation to re-pay a portion of service provision, as applicable.

He-C 6339.15 Treatment Planning and Progress Reports.

Formatted: Indent: First line: 0.42"

Formatted: No underline

(a) The provider shall ~~develop~~write a treatment plan for each child or family receiving their services, with input from individuals described in (b) below.

(b) The following individuals shall be included on the treatment team:

- (1) The child, if age and developmentally appropriate;
- (2) The child's parents;
- (3) The CPSW or JPPO, or both;
- (4) The prescribing practitioner;
- (5) Staff members from the agency;
- (6) School district personnel as determined by the school districts if applicable; and
- (7) Other persons significant to the family, who may include:
  - a. Teachers;
  - b. Counselors;
  - c. Friends;
  - d. Relatives; and
  - e. Advocates and primary caring adults assigned by the court.

(c) The treatment plan shall include:

- (1) The findings of the assessment as required for the service being provided;
- (2) An estimate by the treatment team members of the length of service to be provided to the child and family, based upon referral information and the agency's assessment;
- (3) The child's permanency plan, identifying one of the following alternatives for the child, as identified by the CPSW or JPPO:
  - a. Maintain in his or her own home;
  - b. Reunification with the family;
  - c. Planned permanent living arrangements;
  - d. Permanent relative placement;
  - e. Guardianship by a relative or other person; or
  - f. Adoption;
- (4) A concurrent plan as an alternative to the child's permanent plan as identified by the CPSW or JPPO; and

Formatted: Indent: First line: 0.42"

(5) The objectives that fall within one or more of the following domains:

- a. Safety and behavior of the child;
- b. Family;
- c. Medical;
- d. Education; and
- e. Independent living skills training, when applicable.

| (d) Each domain identified in (c)(5) above shall address:

- (1) The goals and objectives to be achieved by the child and family;
- (2) The timeframes for completion of goals and objectives;
- (3) An identification of the services that will be provided directly or arranged for, and any measures for ensuring their integration with the child's activities, including identifying how the child's family will participate in their care;
- (4) The frequency of services; and
- (5) An identification of the staff responsible for implementing the stated interventions in the treatment plan.

| (e) For cases in which reunification is the identified goal, the treatment plan shall include:

- (1) A community reintegration and transition plan that identifies the needed supports that would enable the child to return to his or her community; and
- (2) The responsibilities of the participants for completing steps necessary to implement the plan.

(f) The treatment plan shall be signed and dated by the following team members, indicating they participated in the process:

- (1) The provider's executive director or treatment coordinator;
- (2) The CPSW, JPPO, or both;
- (3) When applicable for medicaid funding, the prescribing practitioner;
- (4) When age and developmentally appropriate, the child; and
- (5) The child's parents or guardian.

| (g) Revisions to the treatment plan shall be explained in writing to any individuals of the team who are unable to participate.

Formatted: Indent: First line: 0.42"

Formatted: Indent: First line: 0.42"

Formatted: Indent: First line: 0.42"

(h) The treatment plan shall be filed in the child's record and copies sent to:

- (1) The CPSW, JPPO, or both;
- (2) The child's parent or guardian; and
- (3) The prescribing practitioner.

Formatted: Indent: First line: 0.42"

(i) Once the treatment plan is completed, the agency staff shall receive supervision and instruction by the program supervisors and consultants, if any, to assure that each child's treatment plan is consistently implemented.

Formatted: Indent: First line: 0.42"

(j) Each service provider shall provide progress reports and outcomes data for each child in care, in accordance with (k) below.

(k) Progress reports shall include the following:

- (1) Monthly written progress reports, which shall be sent to the CPSW or JPPO no later than 15 days following the end of the month;
- (2) Outcome reports, which shall be sent electronically to the DCYF state office on a quarterly basis;

~~(3) Specific court reports, which shall be sent to the court with a copy to the CPSW or JPPO no later than 5 days before the scheduled court date, pursuant to RSA 169-C:12-b; and~~

~~(4) Service termination reports, which shall be sent to the CPSW or JPPO no later than 10 days following termination.~~

(l) Written progress reports, court reports, and termination reports prepared by the agency shall clearly and accurately reflect the family's progress and be submitted on time pursuant to RSA 169-B:5-a, RSA 169-C:12-b and RSA 169-D:4-a.

~~(1) Specific court reports, which shall be sent to the court with a copy to the CPSW or JPPO no later than 5 days before the scheduled court date, pursuant to RSA 169-C:12-b; and~~

Formatted: Indent: Left: 0.3"

~~(2) Service termination reports, which shall be sent to the CPSW or JPPO no later than 10 days following termination.~~

Formatted: Indent: Left: 0.3"

He-C 6339.16 Requirements for Child Health Support Services.

Formatted: Indent: First line: 0.42"

(a) The provider shall comply with sections He-C 6339.01 through 6339.15 for certification compliance.

Formatted: No underline

(b) Authorization for payment for child health support services shall be pursuant to a court order, a non-court ordered or voluntary agreement between DCYF and the family.

~~(b)(c)~~ A provider shall not provide services that exceed 90 days per year without prior approval.

(d) Service for an additional 90 days per year shall be authorized with the following conditions are met:

(1) The family's problems have not been resolved and the child remains at risk for out-of-home placement;

(2) The provider has discussed a continuation of services with family members and the CPSW or JPPO; and

(3) The provider submits the following information in writing to the CPSW or JPPO:

a. The reason(s) for continued services;

b. The beginning and ending dates for continued services;

c. The goals for the continued period of services; and

d. The anticipated child and family outcomes.

(e) A provider seeking an extension of the 90-day limitation in (b) above shall submit a written request to the CPSW or JPPO, which includes the following information:

(1) The need and justification for continued services;

(2) The beginning and ending dates for continued services;

(3) The goals for the continued period of services;

(4) The revised therapeutic plan; and

(5) The additional anticipated child and family outcomes.

(d)(e) Child health support services shall be provided for the following:

(1) Families at risk of having a child removed from the home due to maltreatment;

(2) Young parents, including teen parents and others who are inexperienced and struggling with their parental responsibilities;

(3) Socially isolated families who lack appropriate parenting role models and access to supportive services;

(4) Families in which ineffective child management techniques are being employed and children who may be withdrawn or depressed, aggressive, delinquent, anxious, or display self-destructive behaviors;

(5) Families where the parents are in the home, but temporarily are unable to effectively carry out parenting functions because of physical or mental illness, disabilities, convalescence, or substance abuse, or complications of pregnancy;

(6) Families in which the parents' ability to effectively parent their children is diminished due to a preoccupation with the care of other family members, such as a spouse, child, or a

Formatted: Indent: Left: 0.3", First line: 0.42"

Formatted: Indent: Left: 1"

Formatted: Indent: First line: 0.42"

grandparent who is chronically ill, convalescing, or permanently disabled, or when a parent has a prolonged grief reaction over the death of a spouse, child, or other person;

(7) Families in need of help to learn how to care for children due to lack of knowledge, emotional immaturity, or overwhelming responsibility for many children;

(8) Families headed by grandparents or other relatives who are overwhelmed with the responsibilities of parenting, thereby placing the child at risk of placement in another home;

(9) Families in which the child has been placed out of the home on a temporary basis and the parents need therapeutic intervention to prepare for the return of the child, including help with issues such as appropriate parenting, child management techniques, discipline, communication skills, and anger management, as well as safety of the physical home environment;

(10) Families who need therapeutic intervention to avert future neglect, abuse, delinquency, status offenses, emotional disturbances, and out-of-home placement of a child; and

(11) ~~Foster-f~~Families who provide foster care who require additional assistance in order to preserve the placement.

(12) Adoptive families to preserve the family unit.

~~(e)~~(f) Child health support services shall include:

(1) An initial health and behavioral health assessment, including the following;

- a. The health status of each family member;
- b. A behavioral health diagnosis and treatment received;
- c. The prescription medications of each family member; and
- d. The needs of the children and parents;

(2) Addiction recovery support ~~counseling~~ that includes ongoing risk assessment and referral for substance abuse treatment, as well as supportive counseling for those in addiction treatment programs to reduce the effects these addictions have on parenting abilities;

(3) Family-based support ~~counseling~~ that includes education, consultation, and follow-up activities that develop and maintain family support systems to enhance and encourage parental coping and nurturing skills, assessment of parent and child interaction, family counseling and skill building for parents and their children who are in an out-of-home placement, and parenting skills instruction, including role modeling;

(4) Behavior management that includes:

- a. An initial behavioral health assessment of the family;

b. Assist in ~~The~~ development and implementation of behavior ~~modification plans~~strategies for the children and parents in conjunction with child development, including managing the child's behavior through appropriate discipline;

c. Education and parenting skills to inform and prepare parents for a child's behaviors and needs, including age appropriate socialization skills of the child; and

d. Family support Counseling ~~focused on~~ coping skills, stress management, conflict resolution, and impulse control;

e. Support family and modeling behavioral strategies.

(5) Assess the family's~~Health care management that includes an initial physical assessment of the family members,~~ home health care ~~education, and~~ management and education of physical or behavioral illnesses, as well as providing assistance to parents in implementing medical regimes as they relate to their tasks of daily living as prescribed by their medical and behavioral health provider;

(6) Family support with H~~household~~ management that includes safety instruction to eliminate, reduce, or avoid hazards in the home, ~~as well as household management skills, which includes emphasizing the importance of cleanliness to a child's health~~;

(7) Family support with N~~utritional~~ education that includes safe food handling procedures and dietary needs of children and family;

(8) Provide connections and facility referrals to C~~community resources~~ and supports that includes ~~encouraging~~, instruction, and assistance with accessing community agencies and services, ~~and life skills development and support counseling for securing and maintaining safe housing, food, clothing and heat~~; and

(9) Provide parent education about age appropriate activities, discipline and behavior modiciation including supervised ~~Supervised~~ visitation between parent(s) and children, as ordered by the Court, DCYF and DJJS ~~to include parent education about age appropriate activities, discipline and behavior modification.~~

(g) A provider for child health support services shall:

(1) Review the DCYF case plan;

(2) Complete an initial ~~health and~~ behavioral health needs assessment for ~~each~~the family and using information from the DCYF case plan develop a treatment plan within 30 days of the referral;

(3) ~~Forward~~Provide a completed treatment plan to the CPSW or JPPO within 30 days of referral;

(4) ~~Log each family visit and contact;~~The agency shall document each family visit, including:

a. The type of service;

b. The date of service;

Formatted: Indent: First line: 0.42"

Formatted: Indent: Left: 1"

c. The names of the family members and other individuals who participated;

d. The name of the agency staff who assisted the family;

e. A brief summary of the in-home session;

f. The length of time spent with the family; and

g. The provider's signature and the signature of a family member;

(5) Retain a copy of the log of visits and contacts in the family's file for review during the onsite visits;

(6) Attend case planning or treatment-planning meetings with the family as requested by the CPSW or JPPO;

(7) Discuss discharge planning needs ~~and reasons for termination of services~~ with the family members and the CPSW or JPPO;

(8) Discuss the reason for service termination with the family and CPSW or JPPO;

(9) Immediately notify the CPSW or JPPO of any significant changes in or affecting the family, such as:

- a. Loss of employment or income;
- b. Eviction notice;
- c. Death or serious injury or illness of a family member;
- d. Separation of the parents;
- e. Pregnancy;
- f. School attendance;
- g. Arrests;
- h. Police contacts; or
- i. Probation or parole violations;

~~(9)(10)~~ Provide each family with a written description of services, as described in He-C 6339.04 including the cost of the service and potential reimbursement by the family to the DHHS for the services provided;

~~(10)(11)~~ Employ staff that provides evening, weekend, and holiday coverage to meet the needs of the family;

~~(11)(12)~~ Employ aides in sufficient number to maintain a 1:6 average aide-to-family caseload ratio; not to exceed 1:9;

(~~42~~13) Provide aides with agency identification; and

(~~43~~14) Have an agency policy in place regarding missed appointments by client families.

(~~g~~)(h) The agency shall employ or contract with a prescribing practitioner.

Formatted: Indent: First line: 0.42"

(~~h~~)(i) The agency shall employ or contract with a program consultant who is available for consultation with child health support aides.

(~~i~~)(j) The program consultant referenced in (h) above shall consult with ~~meet~~ one of the following:

(1) For cases when the primary issue is physical health, the prescribing medical provider ~~physician, physician assistant, advanced registered nurse practitioner (ARNP), registered nurse (RN), or licensed practical nurse (LPN);~~ and

(2) For cases when the primary issue is behavioral health, the prescribing licensed psychologist, licensed pastoral psychotherapist, licensed clinical social worker, licensed clinical mental health counselor or licensed marriage and family therapist.

(~~j~~)(k) The prescribing practitioner may also serve as the program consultant, ~~as long as they meet the definition of prescribing practitioner.~~

Formatted: Indent: First line: 0.42"

(~~k~~)(l) The program consultant shall review the treatment plan no less than quarterly and document the review by signing and dating the treatment plan.

(~~l~~)(m) The agency shall employ child health support aides who:

(1) Are at least 22 years of age; and

(2) Possess:

a. A bachelor's degree from an accredited college or university with a major study in nursing, health, psychology, social work, sociology, education, guidance, or a related field emphasizing human relations, physical or behavioral health; or

b. An associate's degree from an accredited college or university with a major study in nursing, health, psychology, social work, sociology, education, guidance, or a related field emphasizing human relations, physical or behavioral health and have 2 years' experience working with families or other relevant human services experience; or

~~b.c.~~ A high school diploma or general equivalency diploma and have 4 years experience working with families or other relevant human services experience.

(~~m~~)(n) In addition to the requirements in (l) above, all child health support aides shall:

Formatted: Indent: First line: 0.42"

(1) Complete a minimum of 20 hours per year of in-service training, as follows:

a. At least 8 of the 20 hours shall be family systems training; and

b. 12 hours of the overall training hours may be provided in supervision and staff meetings that relate to general therapeutic topics ~~and are not case-specific such as;~~ and

1. Substance use disorders;

2. Child abuse and neglect;

3. Labor and sex trafficking;

4. Sexual abuse;

5. Domestic and family violence;

6. Behavioral health needs of children and families;

7. Safety planning for family members;

8. Crisis intervention techniques;

9. Early childhood screening and child development;

10. Trauma informed practice, including screening and evidence-based practices;

11. Treatment of any co-occurring disorders;

12. Restorative practices and delinquency prevention;

13. Behavioral management techniques; and

14. Safe sleeping practices.

(2) Maintain documentation of training that includes:

a. The dates of training;

b. The ~~names of titles of~~ training ~~topics~~ sessions attended;

c. The number of hours per training; and

~~d. Certificates of training signed by the trainer, which shall be available at the time of on-site quality assurance monitoring, pursuant to He C 6339.05.~~

(~~no~~) Child health aides shall:

(1) Be available for immediate contact so appointments may be scheduled or canceled; and

(2) Carry and present agency identification to the child's caregiver as necessary.

(~~ep~~) The program supervisor shall provide a minimum of one hour per week of individual clinical supervision for a child health aide working full time and pro-rated for part time staff to review the progress and barriers of each case, for which one session per month may be substituted with group supervision.

Formatted: Indent: Left: 1.4"

Formatted: Indent: Left: 0.75"

Formatted: Indent: First line: 0.42"

Formatted: Indent: First line: 0.42"

(pg) The agency shall complete annual staff evaluations.

Formatted: Indent: First line: 0.42"

(qr) Within 150 working days after service termination, the agency shall forward a report to the CPSW or JPPO and his or her the supervisor, that includes:

Formatted: Indent: First line: 0.42"

(1) A summary of visits and contacts with the family, including dates, duration, and locations;

(2) A summary of the progress or lack of progress in meeting the treatment plan, including the tasks accomplished, timeframes, and measurable outcomes achieved;

(3) New information about the family that might changes or updates the DCYF case plan, pre-dispositional investigation, or court report;

(4) The community resources and supports available to the family that might be accessed in the future;

(5) Recommendation for ongoing services, including a description of additional progress by parents that is essential to address the needs of each child as specified in the treatment plan and how the provider has worked with the family to assist them in accessing recommended services; and

(6) The date and signature of the parent child health aide and prescribing practitioner; supervisor, parent or parents, and the child, when age appropriate.

(7) If the family is discharged from services prior to the 15<sup>th</sup> day of the month, a monthly report is not required, this information may be included in the discharge report.

Formatted: Superscript

#### He-C 6339.17 Requirements for Home-Based Therapeutic Services.

Formatted: Indent: First line: 0.42"

Formatted: No underline

(a) The provider shall comply with sections He-C 6339.01 through 6339.15 for certification compliance.

(b) Authorization for payment for Home-based therapeutic services shall be pursuant to a court order, a non court-ordered or voluntary agreement between DCYF and the family.

(bc) A provider shall not provide services that exceed 90 days per year without prior approval from the CPSW or JPPO.

(e)(d) Service for an additional 90 days per year shall be authorized when the following conditions are met:

(1) The family's problems have not been resolved and the child remains at risk for out-of-home placement;

Formatted: Indent: Left: 0.8"

(2) The provider has discussed a continuation of services with family members and the CPSW or JPPO; and

(3) The provider submits the following documentation to the CPSW or JPPO:

a. The therapeutic need(s) for continued services;

b. The beginning and anticipated ending dates for the continued services request;

c. The goals for the continued period of services; and

d. The anticipated child and family outcomes.

A provider seeking an extension of the 90-day limitation in (b) above shall submit a written request to the CPSW or JPPO, which includes:

~~(1) The need and justification for continued services;~~

~~(2) The beginning and ending dates for continued services;~~

~~(3) The revised therapeutic plan of the continued services; and~~

~~(4) The additional anticipated child and family outcomes.~~

~~(d)~~(e) Home-based therapeutic services shall be provided for:

(1) Families with a child who is at imminent risk for placement;

(2) A family with a child who has returned home or is at risk of returning to placement;

(3) Families where the parents are temporarily unable to deal with their child-rearing responsibilities because of a family member's physical or mental illness, disability, convalescence, alcohol or drug abuse, or pregnancy;

(4) Families temporarily under stress with the care of a parent, child, or another member of the family, ~~such as, caring for a grandparent who is chronically ill, convalescing, permanently disabled or when a parent has a prolonged grief reaction due to the death of a child, spouse, or other family member;~~

(5) Families for whom child placement has been determined necessary to ensure safety and the parents need assistance preparing for the placement or return of the child to a safe environment;

(6) Parents who request voluntary services, including voluntary children in need of services (CHINS) and the requested service is not available to the family through a community service agency;

(7) Families, including those who provide foster care services ~~who needing~~ assistance to strengthen and support the child's current placement in a foster home or a relative's home;

(8) Families who are experiencing a crisis that might require the removal of a child, due to physical abuse or neglect by the parent or caregiver, or unlawful behaviors by the child such as school truancy, running away or delinquency; or

~~(9) Families currently receiving services in open cases who are experiencing another crisis and the child is at imminent risk of placement;~~

Formatted: Indent: Left: 1.2"

Formatted: Indent: Left: 0", First line: 0.42"

Formatted: Indent: First line: 0.42"

~~(10)(9)~~ Families in crisis whose child is immediately placed in emergency care for safety reasons after the initial DCYF assessment or due to legal or judicial intervention because of juvenile offenses, and the family's goal is for the child to return home with this service provided; ~~or~~

~~(11) Foster families who require additional assistance in order to preserve the placement.~~

(e) Home-based therapeutic services shall include:

Formatted: Indent: First line: 0.42"

(1) On-call 24-hour availability to families;

~~(2) Assessment and service planning based on the DCYF case plan or pre-dispositional investigation report or treatment and ongoing assessment for each child enrolled in the program;~~

~~(3) Substance Use Disorder recovery support that includes ongoing risk assessment and referral for substance abuse treatment, as well as supportive counseling for those in addiction treatment programs to reduce the effects these addictions have on the child and parent;~~

~~(2)4~~ Family and individual counseling with family members and persons in their immediate support system to develop or maintain family growth and assistance necessary for independent family functioning;

~~(3) Counseling in effective family interaction and parenting, that may include:~~

~~a. Anger and behavior management;~~

~~b. Batterer intervention;~~

~~c. Child discipline alternatives;~~

~~d. Assistance with keeping a daily journal;~~

~~e. Child safety maintenance;~~

~~f. Positive parent and child communication and interaction; and~~

~~g. Household management, including assistance with budgeting and nutrition;~~

~~(4)(5)~~ Assistance to parents in ~~monitoring their child by ensuring school attendance, enforcement of curfews, and~~ compliance with court orders;

~~(5) Coordination with involved community providers, including residential care facilities;~~

(6) Crisis assistance and safety planning with families ~~to stabilize families~~ by responding immediately to a family's needs;

(7) Referrals and coordination to other ~~community~~ services and supports made in coordination with JPPO and CPSW;

~~(8) Assistance in accessing community services to meet the goals of the treatment plan;~~

(8) Each family with a written description of services, as described in He-C 6339.04 including the cost of the service and potential reimbursement by the family to the state for services provided;

Formatted: Indent: Left: 0"

(9) For families who need crisis assistance:

- a. A face-to-face meeting initiated within 24 hours of referral to complete an initial assessment and develop an immediate safety plan that includes strategies for diffusing the crisis and maintaining the safety of all family members;
- b. Submit the safety plan in writing to the JPPO or CPSW within 72 hours; and
- c. If safety cannot be assured at the face-to-face meeting, immediately develop and coordinate an alternative safety plan with the JPPO or CPSW or with the program administrator or DCYF field administrator or supervisor who is on call during weekends and holidays; and

(10) For families not in need of crisis assistance:

- a. Contact the family within 48 hours of referral, excluding weekends and holidays; and
- b. Have a face-to-face meeting with the family within 5 working days of the date of the referral to conduct an initial assessment and develop the treatment plan; and

(11) An assessment of the needs of each child and the parents that is based upon:

- a. The information included from one of the following:
  1. The case plan, pursuant to RSA 170-G:4 III and court reports pursuant to RSA 169-B:5-a, RSA 169-C:12-b or RSA 169-D:4-a; or
  2. The investigation report, pursuant to RSA 170-G:16, I or III, RSA 169-B:16, III-IV, or RSA 169-D:14, III-IV; and
- b. Identification of ~~alcohol or~~ substance abuse disorders, domestic and family violence, sexual abuse, or other situations that impact the child's safety.

(fg) When available, the CPSW or JPPO shall be present for the initial assessment and development of the treatment plan.

Formatted: Indent: First line: 0.42"

(eh) Face-to-face meetings with families shall include parents or other caregivers, the child or children, and other family members as necessary to develop and implement the treatment plan.

Formatted: Indent: First line: 0.42"

~~(h) The agency shall provide each family with a written description of services as described in He-C 6339.04(e)(2), including the cost of the service.~~

(i) The therapist shall maintain an on-going log of contacts and visits with family members and with school, health, and other service providers including; ~~including dates and total time spent.~~

Formatted: Indent: First line: 0.42"

(1) The type of Service;

(2) The date of service;

(3) The names of the family members and other individuals who participated;

(4) The name of the therapist who assisted the family;

(5) A brief summary of the in-home session;

(6) The length of time spent with the family; and

(7) The provider's signature and the signature of the family member.

~~(j) When a family is visited, a family member shall be required to sign the contact log.~~

~~(k) The therapist shall retain a copy of the log in the family's file for review during the onsite visits.~~

~~(l) The agency shall document each family visit, including:~~

~~(1) The type of service;~~

~~(2) The date of service;~~

~~(3) The names of the family members and other individuals who participated;~~

~~(4) The name of the therapist who assisted the family;~~

~~(5) A brief summary of the in-home session;~~

~~(6) The length of time spent with the family; and~~

~~(7) The provider's signature and the signature of a family member.~~

~~(m)~~ (j) The agency shall immediately notify the JPPO or CPSW of any significant changes in or affecting the family, such as:

(1) ~~Loss~~Change of employment or income;

(2) Housing changes including an E~~Eviction~~ notice;

(3) Death or serious injury or illness of a family member;

(4) Separation of the ~~caregivers~~parents;

(5) Unplanned p~~P~~regnancy;

(6) Changes in patterns of s~~S~~chool attendance;

(7) Arrests;

Formatted: Indent: Left: 0.7"

Formatted: Indent: First line: 0.42"

(8) Police contacts; or

(9) Violations of probation or parole.

(~~h~~k) The agency shall have a policy in place regarding missed appointments by client families.

Formatted: Indent: First line: 0.42"

(l) The home-based therapeutic agency shall:

(1) Employ or contract with a prescribing practitioner:

Formatted: Indent: Left: 0.7"

(2) Employ a program coordinator who meets the following:

a. A master's degree in social work, psychology, education or a related field with an emphasis in human services;

Formatted: Indent: Left: 1"

b. Two years clinical experience working with families, and

c. Two years supervisory or management experience;

(3) Therapists who have:

Formatted: Indent: Left: 0.7"

a. A master's degree with a major in social work, counseling, psychology, or a related field and at least 2 years of direct work experience in assisting children and families; or

Formatted: Indent: Left: 1"

b. A bachelor's degree with a joaor in social work, counseling, psychology, or a related field and at least 5 years of direct work experience in assisting children and families; and

(4) Employ case managers who meet the following minimum qualifications:

Formatted: Indent: Left: 0.7"

a. A bachelor's degree in social work, psychology, education or a related field with an emphasis in human services; and

Formatted: Indent: Left: 1"

b. Experience of 2 years with children and families.

(l) Therapists and case managers shall participate in weekly supervision that includes a discussion of each case and a review of the progress made by each family towards the goals of the treatment plan.

~~(o) The agency shall employ or contract with a prescribing practitioner.~~

~~(p) The agency shall employ therapists and clinical supervisors who meet the following education and experience requirements:~~

~~.(1) Therapists who have:~~

~~a. A master's degree with a major in social work, counseling, psychology, or a related field and at least 2 years of direct work experience in assisting children and families; or~~

~~b. A bachelor's degree with a major in social work, counseling, psychology, or a related field and at least 5 years of direct work experience in assisting children and families; and~~

~~(2) Clinical supervisors who have:~~

- ~~a. A master's degree with a major in social work, counseling, psychology, or a related field;~~
- ~~b. At least one year of clinical supervisory experience; and~~
- ~~c. A license, pursuant RSA 330-A:34, I(d), except that clinical supervisors who are not licensed shall have 2 years to obtain licensure.~~

~~(q)(m)~~ The agency shall have at least one full-time clinical supervisor for every 6 therapists.

Formatted: Indent: First line: 0.42"

~~(r)(n)~~ Program coordinators ~~Clinical supervisors~~ shall be available to the therapists 24 hours a day, 7 days a week.

~~(s)(o)~~ Each therapist shall have an annual evaluation with a copy maintained in his or her file.

~~(t)(p)~~ Each therapist and ~~clinical supervisor~~ program coordinator shall complete a minimum of 20 hours of training per year that includes topics related to:

- (1) Family systems;
- (2) ~~Alcohol and other drug ab~~ Substance use disorders;
- (3) Child abuse and neglect;
- (4) Labor or sex trafficking;
- ~~(4)(5)~~ Sexual abuse;
- ~~(5)(6)~~ Domestic and family violence;
- ~~(6)(7)~~ Behavioral health ~~Mental illness~~;
- ~~(7)(8)~~ Safety planning for family members;
- ~~(8)(9)~~ Crisis intervention techniques; and
- ~~(9)(10)~~ Early C ~~childhood and screening and child~~ development;-
- (11) Trauma informed practice, including evidence-based practices;
- (12) Treatment of any co-occurring disorders;
- (13) Behavioral management techniques; and
- (14) Safe sleeping practices.

~~(u)(q)~~ For each therapist and ~~clinical supervisor~~ program coordinator, the agency shall maintain on file copies of training certificates, signed by the trainer, that document:

Formatted: Indent: First line: 0.42"

- (1) The names of training sessions attended;
- (2) The number of hours per training; and
- (3) The dates of training.

(~~vi~~) The therapist's caseload shall not exceed an average of 6 families per month.

Formatted: Indent: First line: 0.42"

(~~ws~~) The therapist shall participate in weekly supervision that includes a discussion of the progress made by each family.

(~~xt~~) Within ~~4015 working~~ days after service termination, the agency shall forward to the CPSW or JPPO and the supervisor a report that includes:

- (1) A summary of visits and contacts with the family, including dates, duration, and locations;
- (2) A summary of the progress or lack of progress in meeting the treatment plan, including the tasks accomplished, timeframes, and measurable outcomes achieved;
- (3) New information about the family that ~~might~~ changes or updates the DCYF the case plan, pre-dispositional investigation report, or court report;
- (4) The community resources and supports available to the family that ~~may~~ might be accessed in the future;
- (5) Recommendations for ongoing services, including a description of additional progress by parents that is essential to address the needs of each child, as specified in the treatment plan, and how the provider has worked with the family to assist them in accessing recommended services; and
- (6) The date and signature of the therapist, clinical supervisor, parent or parents, and the child, when age appropriate~~:-~~

(7) If the family is discharged from services prior to the 15<sup>th</sup> day of the month, a monthly report is not required, and the information may be included in the discharge report.

Formatted: Superscript

He-C 6339.18 Therapeutic Day Treatment Services Programs.

Formatted: No underline

(a) The provider shall comply with sections He-C 6339.01 through 6339.15 for certification compliance.

Formatted: Indent: First line: 0.42"

(b) Authorization for payment for therapeutic day treatment services shall be pursuant to a court order, a non court-ordered or voluntary agreement between DCYF and the family.

(c) Services shall be limited to a period of time not to exceed 180 days. ~~Provider shall not provide services that exceed 180 days per year.~~

(d) Service for an additional 90 days per year shall be authorized when the following conditions are met:

(1) The family's problems have not been resolved and the child remains at risk for out-of-home placement;

Formatted: Indent: Left: 0.7"

(2) The provider has discussed a continuation of services with family members and the CPSW or JPPO; and

(3) The provider submits the following documentation to the CPSW or JPPO;

a. The reason(s) for continued services;

Formatted: Indent: Left: 1"

b. The beginning and ending dates for continued services;

c. The goals for the continued period of services; and

d. The anticipated child and family outcomes.

~~(d) A provider seeking an extension of the 180-day limitation in (c) above shall submit a written request to the CPSW or JPPO, which includes:~~

~~(1) The need and justification for continued services;~~

~~(2) The beginning and ending dates for continued services;~~

~~(3) The revised therapeutic plan of the continued services; and~~

~~(4) The additional anticipated child and family outcomes.~~

(e) Therapeutic day treatment services shall be provided for children who are:

Formatted: Indent: First line: 0.42"

~~(1) The age of 10 through age 20;~~

~~(2)~~(1) Experiencing challenging conditions in one or more of the following domains:

a. Developmental;

~~b. Psychological;~~

~~e~~b. Social;

~~d~~c. Family;

~~e~~d. Cognitive; ~~or~~

~~f~~e. Educational;

f. Behavioral; or

g. Substance use.

~~(3)(2)~~ At imminent risk for out-of-home placement or actively engaged in reuniting with family and community; or

~~(4)(3)~~ In ~~foster~~ families who provide foster care, who require additional support in order to preserve the placement.

(f) Therapeutic day treatment services shall not be a substitute for special education or other federally required educational services.

Formatted: Indent: First line: 0.42"

~~(g) Therapeutic day treatment services shall consist of multiple, specialized services to meet the unique needs of the child in the community.~~

~~(h)(g)~~ A provider for therapeutic day treatment services shall offer the following:

Formatted: Indent: First line: 0.42"

(1) ~~Diagnostic evaluation;~~ Assessment and service planning based on the DCYF case plan or pre-dispositional investigation report or treatment and ongoing assessment for each child enrolled in the program;

(2) Crisis intervention and stabilization;

(3) Evidence based practice or best practice;

(4) Evidence based ~~Psychotherapies~~, including individual, group, and family counseling that ~~may~~might occur in an ~~outpatient~~community or in-home setting;

~~(i)(h)~~ In addition to the requirements in (h) above, programs shall offer any combination of the following, as necessary:

Formatted: Indent: First line: 0.42"

(1) Vocational assessment, when specifically requested by the CPSW or JPPO;

(2) Health education, including substance ~~abuse~~ disorder prevention, ~~AIDS prevention,~~ sexual health, nutrition counseling and physical fitness;

(3) Parent education, parent skills training, and parent support groups;

(4) Therapeutic recreation, such as adventure-based and experiential activities; and

(5) After school, weekend and school vacation therapeutic programming.

~~(j)(i)~~ Interagency referral, coordination, and collaboration between DCYF, education, behavioral health, developmental disabilities, medical, and any other involved discipline shall be a component of therapeutic day treatment services.

Formatted: Indent: First line: 0.42"

~~(k)(j)~~ A provider for therapeutic day treatment services shall:

Formatted: Indent: First line: 0.42"

(1) Review each child and family referral, including pertinent documentation and previous evaluations to determine appropriateness for therapeutic day treatment;

(2) Conduct a clinical assessment within 7 working days of referral that includes an individual and family needs assessment and a mental status examination for each child, as appropriate to the program offering, unless current assessments or mental status examinations

have been completed within the past year and identification of the strengths and resources of the family;

(3) Within 30 days of referral, develop and implement an individually designed treatment plan, in ~~conjunction consultation~~ with the CPSW or JPPO and the child and parents;

(4) Provide each family with a written description of services ~~that are available by staff, as~~ described in He C 6339.04(c)(2), including the cost of the service and potential reimbursement by the family to the state for services provided;

(5) Provide 24-hour emergency coverage, 7 days per week for the child and family; and

(6) Maintain a record for each child and family that includes:

- a. Child and family names, medicaid and other third party identification numbers, addresses, and birth dates;
- b. Child's medical, social, developmental, educational, and family history;
- c. Child's diagnosis and the name of attending physician, psychiatrist, or psychologist;
- d. DCYF ~~or DHS~~ case plan;
- e. Child's individual education plan, if applicable;
- f. A description of any tests ordered and performed and their results;
- g. A description of treatment, including measurable goals and timeframes;
- h. A list of any medications prescribed;
- i. Plan for coordinating services with other providers;
- j. Daily progress notes indicating the services provided to the child;
- k. Monthly progress summary which identifies the services provided and progress toward achievement of treatment goals;
- l. An attendance sheet or contact log that supports the dates and times that are billed; and
- m. Discharge plan or summary that identifies the after care plan and summarizes the case in relationship to the treatment and plan of care.

(~~h~~) The agency shall:

(1) Employ or contract with a prescribing practitioner; ~~who demonstrates approval of the medicaid covered child health support services by signing the child and family's treatment plan;~~

Formatted: Indent: First line: 0.42"

(2) Employ or contract with a program consultant who meets ~~one of the following; to be available for case consultation:~~

~~a. A master's degree in social work, psychology, education or a related field with an emphasis in human services;~~

Formatted: Indent: Left: 1"

~~b. Clinical experience of 2 years working with families; and~~

Formatted: Indent: Left: 1"

~~c. Supervisory or management experience of 2 years.~~

Formatted: Indent: Left: 1"

~~a. When the primary issue is physical health, a physician, physician assistant, ARNP, registered nurse (RN), or licensed practical nurse (LPN); or~~

Formatted: Indent: Left: 0.75"

~~b. When the primary issue is behavioral health, licensed psychologists, licensed pastoral psychotherapists, licensed clinical social worker, licensed clinical mental health counselor or licensed marriage and family therapist;~~

~~e. Employ clinical social worker licensed by the board of mental health; and~~

~~d. Employ staff that have the education, training or experience that qualifies them to perform behavioral health functions under the supervision of a licensed mental health professional.~~

~~(3) Therapists who have:~~

Formatted: Indent: Left: 0.75"

~~a. A master's degree with a major in social work, counseling, psychology, or a related field and at least 2 years of direct work experience assisting children and families; or~~

Formatted: Indent: Left: 1"

~~b. A bachelor's degree with a major in social work, counseling, psychology or a related field and at least 5 years of direct work experience in assisting children and families; and~~

Formatted: Indent: Left: 0.75"

Formatted: Indent: Left: 1"

Formatted: Indent: Left: 0.75"

~~(4) Employ case managers who meet the following minimum qualifications:~~

~~a. A bachelor's degree in social work, psychology, education or a related field with an emphasis in human services; and~~

Formatted: Indent: Left: 1"

~~b. Two years experience with children and families.~~

Formatted: Indent: Left: 0.75"

Formatted: Indent: Left: 1"

Formatted: Indent: Left: 0.75"

Formatted: Indent: First line: 0.42"

~~(m) Therapists and case managers shall participate in weekly supervision that includes a discussion of each case and a review of the progress made by each family towards the goals of the treatment plan.~~

~~The program consultant referenced in (l)(2) above shall review the treatment plan no less than quarterly and document the review by signing and dating the treatment plan.~~

~~(mm) In addition to the requirements in (l) above, the agency shall:~~

Formatted: Indent: First line: 0.42"

~~(1) Provide weekly clinical supervision to staff, including a review of the treatment plan for each family;~~

~~(2) Complete annual staff evaluations;~~

~~(3) Provide 20 hours per year of mandatory in-service training for staff that includes topics related to; and~~

a. Family systems;

Formatted: Underline

b. Substance use disorders;

Formatted: Indent: Left: 1"

Formatted: Underline

c. Child abuse and neglect;

Formatted: Underline

d. Labor and sex trafficking;

Formatted: Underline

e. Sexual abuse;

Formatted: Underline

f. Domestic and family violence;

Formatted: Underline

g. Safety planning for family members;

Formatted: Underline

h. Crisis intervention techniques;

Formatted: Underline

i. Early childhood screening and child development;

Formatted: Underline

j. Trauma informed practice, including evidence-based practices;

k. Treatment of any co-occurring disorders;

l. Behavioral management techniques; and

m. Safe sleeping practices; and

(4) For each therapist and program coordinator, the agency shall maintain on file copies of training certificates, signed by the trainer that document:

a. The names of training sessions attended;

Formatted: Underline

b. The number of hours per training; and

Formatted: Indent: Left: 1"

Formatted: Underline

c. The dates of training.

Formatted: Underline

~~Maintain on file documentation of training, which includes:~~

~~a. The dates of training;~~

~~b. The titles of training topics;~~

~~c. The number of hours per training; and~~

~~d. Certificates of training signed by the trainer, which shall be available for review during on-site quality assurance monitoring visits.~~

(en) The agency shall discharge the child and family from the program when:

Formatted: Indent: First line: 0.42"

(1) The child and family make progress in achieving the goals as identified in the treatment plan;

(2) The child's behavior while in the program requires removal and referral to more intensive residential treatment; or

(3) The child and family are unable to utilize treatment and are referred to other services.

(po) Within ~~10 working~~ 15 days after service termination, the agency shall forward to the CPSW or JPPO and the supervisor a report that includes:

Formatted: Indent: First line: 0.42"

(1) A summary of visits and contacts with the family including dates, duration, and locations;

(2) A summary of the progress or lack of progress in meeting the treatment plan including the tasks accomplished, timeframes, and measurable outcomes achieved;

(3) New information about the family that changes or updates the DCTF case plan, pre-dispositional investigation report, or court report;

(4) The community resources and supports available to the family that might be accessed in the future;

(5) Recommendations for ongoing services, including a description of additional progress by parents that is essential to address the needs of each child as specified in the treatment plan and how the provider has worked with the family to assist them in accessing recommended services; ~~and~~

(6) The date and signature of the therapist, ~~clinical supervisor, parent(s), and the child when age appropriate~~ and prescribing practitioner; and

(7) If the family is discharged from services prior to the 15<sup>th</sup> day of the month, a monthly report is not required, the information may be included in the discharge report.

Formatted: Superscript

He-C 6339.19 Requirements for Adolescent Community Therapeutic Services.

Formatted: No underline

(a) The provider shall comply with sections He-C 6339.01 through 6339.15 for certification compliance.

Formatted: Indent: First line: 0.42"

(b) Authority for payment for adolescent community therapeutic services shall be pursuant to a court order or any voluntary agreement between the family and DCYF ~~or DJJS~~.

(c) A provider shall not provide services that exceed 90 days per year, without prior approval. Adolescent community therapeutic services shall be limited to a period of time not to exceed 90 days per family per year from the date of first service.

(d) Service for an additional 90 days per year shall be authorized when the following conditions are met:

Formatted: Indent: First line: 0.42"

(1) The family's problems have not been resolved and the ~~youth~~ child remains at risk for out-of-home placement;

(2) The provider has discussed a continuation of services with family members and the CPSW or JPPO; and

(3) The provider submits the following ~~documentation information in writing~~ to the CPSW or JPPO:

- a. The reason(s) for continued services;
- b. The beginning and ending dates for continued services;
- c. The goals for the continued period of services; and
- d. The anticipated child and family outcomes.

(e) Adolescent community therapeutic services shall be provided to:

(1) ~~Youth~~Children who are exhibiting ~~acting out~~ inappropriate behaviors in the home, school or community; and

(2) ~~Youth who are delinquent and:~~

~~a. Between the ages of 11 and 20; and~~

~~b. Children~~ Living in their own home, a relative's home, a guardian's home or foster home.

(f) Adolescent community therapeutic services shall ~~include~~provide:

(1) Assessment and service planning based on the DCYF case plan, ~~or~~ pre-dispositional investigation report or treatment and ongoing assessment for each child enrolled in the program;

(2) Strength based counseling and support that includes multiple contacts with the child and family, school, and work sites to monitor behavior and activities and provide instruction on job search and maintaining employment, as specified by the treatment plan;

(3) Crisis intervention available to the youthchild and family to intervene, assess the safety of the environment and prevent out of home placement;

(4) Family intervention, including supportive based counseling with the family to improve relationships and ease tension in the household;

(5) Ongoing assessments for health and safety, including drug screenings, curfew checks, school attendance and intensive supervision;

(6) Health and safety education, to provide counseling and information on independent living~~hygiene, general health,~~ and substance ~~ab~~use, and encourage the youthchild to make positive choices;

(7) Behavior management skills training to assist in developing and implementing behavior modification plans for the youth and family regarding discipline, stress and conflict issues;

(8) Information regarding community resources and support that includes, advocacy and outreach to assist children and families in learning how to access community resources and to

Formatted: Indent: First line: 0.42"

Formatted: Indent: Left: 0.75"

Formatted: Indent: First line: 0.42"

develop the skills to use these services within the community and comply with court orders by:

- a. Assisting the family and CPSW or JPPO in advocating for special education services when necessary to meet the conditions of the DCYF case plan, attending school meetings, team evaluations, and IEP meetings regarding the child's school performance, and role modeling how to effectively communicate;
- b. Providing information about community resources and services, and making referrals for needed services;
- c. Coordinating ~~ing ion of~~ transportation services for child~~ren~~ and their family~~ies~~ to enable participation in program activities; and
- d. Consulting with attorneys as requested by the CPSW or JPPO and attending court hearings with the child; and

(9) Therapeutic recreational services, including individual or group activities appropriate to the age and needs of the child and designed to:

- a. Develop healthy interests;
- b. Enable the program staff to assess the child in a natural environment;
- c. Teach adaptive ways to spend unstructured~~leisure~~ time;
- d. Develop social skills and peer interaction skills;
- e. Provide a positive outlet for aggressive energy; and
- f. Build self-esteem.

(g) A provider of adolescent community therapeutic services shall:

(1) Schedule an intake meeting with the child, family, CPSW or JPPO, caseworker, and program supervisor within 24 hours for emergency referrals and within 5 working days of referral for non-emergency cases;

(2) Provide each family with a written description of services, as described in He-C 6339.04 including the cost of the service and potential reimbursement by the family to the state for services provided;

~~(2)(3)~~ Complete an initial assessment within 15 calendar days of the intake meeting, in consultation~~conjunction~~ with the child, family, and CPSW or JPPO, that includes:

- a. An identification of the ~~youth~~child's strengths;
- b. The ~~youth~~child's responsibilities for his or her behavior;
- c. The supervision to be provided by the family; and

Formatted: Indent: First line: 0.42"

d. The adolescent community therapeutic services to be provided;

~~(3)(4)~~ Complete a written treatment plan at the end of 30 calendar days;

~~(4) Provide each family with a written description of services that are available by staff, as described in He C 6901.04(e)(2), including the cost of the service;~~

(5) Reassess the treatment plan and progress toward identified goals on a monthly basis, in consultation with the child, family, agency worker, and CPSW or JPPO to determine whether to continue services, the duration of services, and the purposes and goals;

(6) Provide multiple contacts, by telephone and a minimum of a one hour face-to-face meeting each week in person, with the youthchild and family as prescribed by the DCYF case plan, which may include:~~as prescribed by the treatment plan, to include:~~

~~a. A minimum of a one hour face-to-face meeting each week with the youth and family;~~

~~ba. At least one wWeekend contact with the youthchild;~~

~~eb. School attendance checks in person or by telephone;~~

~~ec. Job attendance checks in person or by telephone; and~~

~~ed. Curfew checks;~~

(7) Provide Assistance to the family in locating the youth in instances of failure to meet curfew or attend school or job;

(8) Provide Assistance to the family with school suspension, supervision through frequent daily telephone contacts, additional face-to-face contacts, or in-office supervision if available;

(9) Submit copies of monthly progress reports to the CPSW or JPPO, the youth, and family; and

(10) Maintain records for each youthchild to include:

a. Name of family, address, and telephone number;

b. Reasons for referral;

c. Initial assessment, which shall be completed following the intake meeting;

d. ~~Treatment~~DCYF case plan, ~~which shall be completed and signed within 30 days of referral and~~ updated at monthly progress reviews;

e. Daily log of contacts and services to the youthchild and family.;

(h) When a child or family is visited, the child and parent if present, shall be required to sign the contact log, and the agency staff shall retain a copy of the log in the family's file for review during the on-site visits.

Formatted: Indent: Left: 0", First line: 0.42"

Formatted: Indent: Left: 0"

(1) The agency shall document each family visit including:

- a. The type of service;
- b. The date of service;
- c. The names of the family members and other individuals who participated;
- d. The name of the therapist who assisted the family;
- e. A brief summary of the in-home session;
- f. The length of time spent with the family; and
- g. The provider's signature and the signature of a family member.

Formatted: Indent: Left: 0.75"

Formatted: Indent: Left: 0"

Formatted: Indent: Left: 1"

(2) The agency shall document in ~~f~~—detail ~~i~~ incident reports that describe out-of-control behaviors by the youth, with a copy submitted to the CPSW or JPPO;

Formatted: Indent: Left: 0.75"

(3) The agency shall document ~~gi~~. Progress reports that contain a summary of contacts with the youth, family and others, any mutually agreed upon changes to the treatment plan, goals and objectives achieved by the ~~youth~~child and family, and specific plans for next month; and

~~h~~(4) The agency shall document ~~o~~—Other information, such as behavioral health and medical records.

(hi) A provider for adolescent community therapeutic services shall:

Formatted: Indent: First line: 0.42"

- (1) Employ or contract with a prescribing practitioner;
- (2) Employ a program supervisor who:
  - a. Possesses a master's degree in social work or a related field and 2 years experience in social services, or
  - b. A bachelor's degree in social sciences or a related field and 5 years experience including at least 2 years of previous supervisory experience;
- (3) Employ adolescent therapeutic caseworkers who possess a bachelor's degree in social sciences or a related field.
- (4) Provide 20 hours per year of mandatory in-service training for adolescent therapeutic caseworkers that includes on such topics related to as:

- a. Family systems;
- b. Substance use disorders;
- c. Child abuse and neglect;
- d. Labor and sex trafficking;

Formatted: Indent: Left: 1.08"

- e. Sexual abuse;
- f. Domestic and family violence;
- g. Behavioral health
- h. Safety planning for family members;
- i. Crisis intervention techniques; and
- j. Early child hood screening and child development;
- k. Trauma informed practice including evidence-based practices;
- l. Treatment of any co-occurring disorders;
- m. Behavioral management techniques; and
- n. Safe sleeping practices.
- ~~a. Juvenile delinquency;~~
- ~~b. Alcohol and other drug abuse;~~
- ~~c. Family systems;~~
- ~~d. Familial violence; and~~
- ~~e. Child abuse and neglect;~~

- (5) Maintain documentation of training, which includes:
  - a. The dates of training;
  - b. The titles of training topics; and
  - c. The number of hours per training; ~~and~~
  - ~~d. Certificates of training signed by the trainer, which shall be available at the time of any on-site quality assurance monitoring, pursuant to He C-6339.05;~~
- (6) Have an adolescent therapeutic caseworker to ~~youth~~child ratio of an average of no more than 1 to 7 with a maximum caseload not exceeding 1:9;
- (7) Employ staff that provide evening, weekend, and holiday coverage to meet the needs of the family;
- (8) Have on-call 24-hour availability for families;

(9) Provide a minimum of one hour per week of individual clinical supervision by the program supervisor with the adolescent therapeutic caseworker to review each case progress and barriers, for which one session per month may be substituted with group supervision; and

(10) Complete annual staff evaluations, with copies maintained in staff files.

(j) The agency shall:

Formatted: Indent: First line: 0.42"

(1) Terminate services only after consultation and a mutual decision is reached with the ~~youth~~child, family, and CPSW or JPPO, based on previously determined criteria in the treatment plan;

(2) Forward a termination notification to the CPSW or JPPO within one working day of any unplanned terminations;

(3) Abide by the following timeframes for planned terminations:

a. Continue services for no more than 5 days to allow for transition work if the ~~youth~~child is placed with a family who provides~~in~~ foster care, a residential facility, or secure placement facility;

b. Continue services for no more than ~~72~~ business days, with CPSW or JPPO approval, when the ~~youth~~child enters an emergency foster home, respite care, relative home, or shelter care;

c. Continue services for no more than 7 days for a ~~youth~~child who has run away if the program continues to be actively involved with the family and the plan is for the youth to continue to live at home;

d. Suspend services if the ~~youth~~child and family are on vacation or for other reasons are to be away for more than 7 days; and

e. If services continue for 7 days or less, services shall at a minimum include daily telephone contact with the ~~child~~youth or family.

(4) Within 15 days after service termination, the agency shall forward to the CPSW or JPPO and their supervisor a report that includes:

Formatted: Indent: Left: 0.75"

a. A summary of visits and contacts with the family including dates, duration, and locations;

Formatted: Indent: Left: 1"

b. A summary of the progress or lack of progress in meeting the treatment plan including the tasks accomplished, time frames, and measurable outcomes achieved;

c. New information about the family that changes or updates the DCYF case plan, pre-dispositional investigation report or court report;

d. The community resources and supports available to the family that might be accessed in the future;

e. Recommendations for ongoing services, including a description of additional progress by parents that is essential to address the needs of each child as specified in the treatment plan and how the provider has worked with the family to assist them in accessing recommended services;

f. The date and signature of the therapist and prescribing practitioner;

g. If the family is discharged from services prior to the 15th day of the month, a monthly report is not required, the information may be included in the discharge report.

He-C 6339.20 Requirements for Individual Service Options (ISO) In-Home.

(a) The provider shall comply with sections He-C 6339.01 through 6339.15 for certification compliance.

(b) Authorization for payment for individual service options in-home shall be pursuant to a court order, a non-court ordered or voluntary agreement between DCYF and the family.

(c) Services shall be limited to a period of time not to exceed 180 days, without DCYF approval.

(d) Services for an additional 90 days per year shall be authorized when the following conditions are met:

(1) The family's problems have not been resolved and the child remains at risk for out-of-home placement;

(2) The provider has discussed a continuation of services with family members and the CPSW or JPPO; and

(3) The provider submits the following information in writing to the CPSW or JPPO:

a. The reason(s) for continued services;

b. The beginning and ending dates for continued services;

c. The goals for the continued period of services; and

d. The anticipated child and family outcomes.

~~(b)~~ The individual service option (ISO) in-home agencies shall:

(1) Promote family self-sufficiency and to connect families to supports in the community;

(2) Promote collaboration and communication with DCYF ~~or DHS~~ staff and other local service providers;

(3) Serve children in their home, foster or relative care provider ~~or and/or~~ home community;

(4) Provide or coordinate all of the services needed for the treatment of the child and family;  
~~and~~

Formatted: No underline

Formatted: Indent: First line: 0.42"

Formatted: Indent: Left: 0.7"

Formatted: Indent: Left: 1"

Formatted: Indent: First line: 0.42"

(5) Receive approval from DCYF ~~or DJJS~~ prior to placing a child in a residential care facility for crisis stabilization; and

(6) Provide each family with a written description of services, as described in HE-C 6339.04(c)(2) including the cost of the service and potential reimbursement by the family to the state for services provided;

(e)f) Crisis stabilization in a residential care facility shall not exceed 10 days per year per child.

Formatted: Indent: First line: 0.42"

~~(d)(g)~~ Requests for waivers pursuant to He-C 6339.21 to the 10-day limit for residential crisis stabilization shall be submitted to the DCYF ~~administrator or the DJJS bureau chief~~.

~~(e) Families served by ISO in home agencies shall include those who will cooperate with the provision of the service and who will benefit from treatment.~~

(fh) ISO in-home services shall be provided to ~~children~~ families with who are:

(1) Abused and/or neglected children, CHINS, and delinquents ~~children who have a court order or "Agreement for Voluntary Services" (DCYF Form 2235) for in-home ISO; and~~

(2) Children between ~~Of~~ the age of birth to age 21, who ~~may~~ might be experiencing one or more of the following:

a. ~~Have e~~ Chronic mental, emotional, physical, or behavioral ~~challenges~~ handicaps;

b. ~~Present p~~ Post-traumatic stress symptoms;

~~e. Have challenging and provocative behaviors;~~

~~d.c. Have a m~~ Mental health diagnosis ~~(e)~~;

~~ed. Are s~~ Sexually reactive behaviors;

e. A history of traumatic experiences;

f. ~~Can~~ Unable to participate in local education program;

~~g. Will benefit from remaining at home;~~

~~h.g. Require intensive supervision and consistent structure~~ and might benefit from remaining home; or; and

~~ih. May~~ Might need short-term, intensive residential care.

~~(gi) A provider of The ISO in-home agency services shall provide, purchase, or connect a family to services that include; be an agency that provides or purchases a variety of services that include;~~

Formatted: Indent: First line: 0.42"

(1) Case management, treatment planning, and service coordination;

(2) Assessment and service planning based on the DCYF case plan or pre-dispositional investigation report and ongoing assessment for each child enrolled in the program;

(23) Individual, group, family, and ~~alcohol and drug abuse~~ substance use disorder counseling;

~~(3)~~(4) In-Home services, including:

a. Home-base therapeutic services; and

b. Child health support; ~~and~~

~~c. Child in-home care;~~

~~(4)~~(5) Support for children who are transitioning to a family setting; Foster care ISO;

~~(5)~~(6) Emergency on-call 24-hour response to crises;

~~(6)~~(7) Respite care in a licensed foster home;

~~(7)~~(8) Crisis stabilization in a residential care facility with prior DCYF approval;

~~(8) Licensed child care;~~

(9) Transportation;

(10) Assisting older ~~youth~~children to transition to adult living situations;

~~(11) Administration of medications;~~

~~(12)~~(11) Identification of relatives, mentors, and others who will support or assist the child and family;

~~(13)~~(12) Transitional assistance from DCYF to adult ~~services~~care;

~~(14)~~(13) Coordination of medical, community mental health and dental care;

~~(15)~~(14) Coordination of public or private school education;

~~(16)~~(15) Coordination of recreation al activities;

~~(17)~~(16) Coordination of substance ~~abuse~~ disorder evaluations and random drug testing; and

~~(18)~~(17) Coordination of vocational services.

~~(h)~~ The ISO in-home agency shall obtain ~~the "Referral to ISO" (DCYF Form 2094)~~ a referral for services and its attachments.

~~(i)~~ The ISO in-home agency shall assess each family member's needs in the home within 30 days of referral based on:

Formatted: Indent: First line: 0.42"

(1) The DCYF case plan, pursuant to RSA 170-G:4 III and court report, pursuant to RSA 169-B:5-a, RSA 169-C:12-b or RSA 169-D:4-a; or

(2) The investigation report pursuant to RSA 170-G:16, I or III, RSA 169-B:16, III-IV, or RSA 169-D:14, III-IV; ~~or~~

~~(3) The DJJS community supervision plan, which outlines what level of supervision a youth must have in the community, if any.~~

(j) The agency's assessment shall include:

(1) Identification of the strengths and resources of the family;

(2) Identification of alcohol or substance ~~ab~~use disorders, domestic or family violence, sexual abuse, or other situations that ~~may~~might impact the child's safety;

(3) A review of previously completed evaluations and assessments, medical records, and psychological tests;

(4) A determination of immediate services needed by the family;

(5) Identification of community or relative resources available to the family; and

(6) A summary of treatment and service needs.

(k) The ISO in-home agency shall provide ~~the CPSW or JPPO-DCYF~~ with monthly progress reports that include:

(1) The family's name;

(2) The name of the person completing the report;

(3) The date of the report;

(4) Improvements that are being made towards specific goals;

(5) Summary of family contacts and progress made towards specific goals;

(6) Changes to the treatment plan;

(7) Educational updates; and

(8) Contacts with other professionals.

(n) Progress reports shall include the following about each child's medical, dental, and behavioral health care:

(1) Prescriptions and current dosages;

(2) Over-the-counter medication;

Formatted: Indent: First line: 0.42"

Formatted: Indent: First line: 0.42"

Formatted: Indent: First line: 0.42"

- (3) Dates of visits during the month being reported;
- (4) New health care issues and diagnosis;
- (5) Next scheduled visits; and
- (6) Name of health care practitioner and office address.

(h) Progress reports shall be provided to the parents or guardians, unless contraindicated by a court order, or a request from DCYF. If the family is discharged from services prior to the 15th day of the month, a monthly report is not required, the information can be included in the discharge report.

Formatted: Indent: First line: 0.42"

(i) The ISO in-home agency shall keep records that include:

~~(1) A~~ case record on each child and his or her family that contains:

~~(1) a.~~ The assessment used to develop the treatment plan;

~~b.~~ (2) The signed ISO in-home treatment plan and its revisions;

~~c.~~ (3) Weekly child and family progress notes;

~~d. Documentation of the provision of at least one medicaid covered service;~~

~~e.~~ (4) Documentation of therapeutic work with the family;

~~f.~~ (5) Monthly progress reports; ~~and~~

~~g. A case closure summary;~~

~~(2) Case specific reports written by the ISO in-home agencies which are available for review by the family; and~~

(q) When a child or family is visited the child and parent, if present, shall be required to sign the contact log and the agency staff shall retain a copy of the log in the family's file for review during the onsite visits.

Formatted: Indent: Left: 0", First line: 0.42"

(r) The agency shall document each family visit including:

(1) The type of service;

(2) The date of service;

(3) The names of the family members and other individuals who participated;

(4) The name of the therapist who assisted the family;

(5) A brief summary of the in-home session;

(6) The length of time spent with the family; and

Formatted: Indent: Left: 0.7"

(7) The provider's signature and the signature of a family member.

Formatted: Indent: Left: 0"

~~.(3) Case records of children and families and personnel files of staff employed that may be reviewed by authorized DCYF and DJJS staff.~~

~~(e)(s)~~ - The ISO in-home agency shall:

Formatted: Indent: First line: 0.42"

- (1) Employ or contract with a prescribing practitioner;
- (2) Employ a program coordinator who meets the following:
  - a. A master's degree in social work, psychology, education or a related field with an emphasis in human services;
  - b. Two years clinical experience working with families, and
  - c. Two years supervisory or management experience;

(3) Therapists who have:

a. A master's degree with a major in social work, counseling, psychology, or a related field and at least 2 years of direct work experience in assisting children and families; or

Formatted: Indent: Left: 1.08"

b. A bachelor's degree with a major in social work, counseling, psychology or a related field and at least 5 years of direct work experience in assisting children and families; and

~~Employ at least one clinician with the following minimum qualifications:~~

~~a. A master's degree in social work, psychology, education or a related field with an emphasis in human services; and~~

~~b. Two years clinically supervised experience with children and families; and~~

(4) Employ case managers who meet the following minimum qualifications:

- a. A bachelor's degree in social work, psychology, education or a related field with an emphasis in human services; and
- b. Two years experience with children and families.

~~(pt) Therapists, Clinicians and case managers shall complete a minimum of 20 hours of training per year that includes topics related to: participate in weekly supervision that includes a discussion of each case and a review of the progress made by each family towards the goals of the treatment plan.~~

Formatted: Indent: First line: 0.42"

(1) Family systems;

(2) Substance use disorders;

(3) Child abuse and neglect;

(4) Labor and sex trafficking;

(5) Sexual abuse;

(6) Domestic and family violence;

(7) Behavioral health

(8) Safety planning for family members;

(9) Crisis intervention techniques; and

(10) Early child hood screening and child development;

(11) Trauma informed practice including evidence-based practices;

(12) Treatment of any co-occurring disorders;

(13) Behavioral management techniques; and

(14) Safe sleeping practices.

(u) Maintain documentation of training, which includes:

(1) The dates of training;

(2) The titles of training topics; and

(3) The number of hours per training.

~~(q) Clinicians and case managers shall receive a minimum of 40 training hours per year in:~~

~~(1) Emergency and safety procedures;~~

~~(2) Principles and practices of childcare, child development, and family systems;~~

~~(3) Family-centered services;~~

~~(4) State laws RSA 169-C, RSA 169-B, and RSA 169-D;~~

~~(5) Agency policies, goals, and outcomes;~~

~~(5) Behavior management; and~~

~~(7) Crisis management.~~

~~(fv)~~ Up to ~~15~~ hours of documented supervision by a clinician may be applied towards the ~~40~~20 hours of annual training requirement for clinicians and case managers.

~~(sw)~~ The case manager's average caseload shall not exceed an average of 6 families per month.

~~(tx)~~ The clinician's maximum caseload shall not exceed an average of 10 families per month.

Formatted: Indent: First line: 0.42"

Formatted: Indent: Left: 0.7"

Formatted: Indent: First line: 0.42"

Formatted: Indent: First line: 0.42"

Formatted: Indent: First line: 0.42"

(u) Within ~~40~~15 working days after service termination, the agency shall forward to the CPSW or JPPO and the supervisor a report that includes:

Formatted: Indent: First line: 0.42"

- (1) A summary of visits and contacts with the family including dates, duration, and locations;
- (2) A summary of the progress or lack of progress in meeting the treatment plan including the tasks accomplished, timeframes, and measurable outcomes achieved;
- (3) New information about the family that changes ~~the or updates the DCYF~~ case plan, pre-dispositional investigation, or court report;
- (4) The community resources and supports available to the family that might be accessed in the future;
- (5) Recommendation for ongoing services, including a description of additional progress by parents that is essential to address the needs of each child as specified in the treatment plan and how the provider has worked with the family to assist them in accessing recommended services; and
- (6) The date and signature of the therapist, ~~clinical supervisor and program coordinator, parent or parents, and the child when age appropriate.~~

(7) If the family is discharged from services prior to the 15<sup>th</sup> day of the month, a monthly report is not required, the information shall be included in the discharge report.

Formatted: Superscript

He-C 6339.21 Waivers.

Formatted: Indent: First line: 0.42"

(a) Applicants or providers who request a waiver of a requirement in He-C 6339 shall submit a written request to the commissioner or his or her designee that includes the following information:

Formatted: Indent: First line: 0.42"

- (1) The anticipated length of time the requested waiver will be needed;
- (2) The reason for requesting the waiver;
- (3) Assurance that if the waiver is granted the quality of service and care to children, ~~youth~~ and families will not be affected;
- (4) A written plan to achieve compliance with the rule or explaining how the provider will satisfy the intent of the rule, if the waiver is granted;
- (5) How the service will be affected if the waiver is not granted;
- (6) Evidence that the agency's board of directors has approved the waiver request, such as, minutes of the board meeting documenting that the request was approved or a signature of the board's president or chairman; and
- (7) A statement that the rule for which a waiver is being requested is not related to compliance with the life safety code or environmental health and safety issues, unless approved in writing by the fire inspector, local health officer, or public health services.

(b) A waiver shall be granted if:

Formatted: Indent: First line: 0.42"

(1) The department concludes that authorizing deviation from compliance with the rule from which waiver is sought does not contradict the intent of the rule; and

(2) The alternative proposed ensures that the object or intent of the rule will be accomplished.

(c) When a waiver is approved, the applicant's or provider's subsequent compliance with the alternative approved in the waiver shall be considered equivalent to complying with the rule from which waiver was sought.

Formatted: Indent: First line: 0.42"

He-C 6339.22 Denial of Application and Revocation of Provider Certification. An application shall be denied or provider certification revoked if:

Formatted: Indent: First line: 0.42"

(a) DCYF ~~or DHS~~ determines that the state does not have a need for the service;

(b) The applicant or provider, or the individual acting on the applicant's or provider's behalf, submits materially false information to DCYF ~~or DHS~~;

(c) There has been a conviction for a felony or any crime against a child that has not been annulled or overturned;

(d) There has been disciplinary action taken by a licensing body or professional society, a finding of civil liability made for professional misconduct, or a finding of an ethical violation made by a state or national professional association or any other state's regulatory board;

(e) There has been revocation of membership on any hospital, medical, or allied health provider staff;

(f) There has been revocation of provider status with any group or health maintenance organization;

(g) There has been revocation of clinical privileges;

(h) There has been termination of academic appointment by an institution;

(i) There has been cancellation of professional or general liability insurance by the insurance company;

(j) There has been abusive or neglectful treatment of a child as determined by any state statute;

(k) There has been a failure to submit a completed, signed, and dated Form 2607 "Review of Continued Certification for In-home Communitybased Service Providers" (October 2016) ~~a review form~~ within 30 days; or

(l) There has been failure to comply with He-C 6339.

He-C 6339.23 Notification of Denial or Revocation. If DCYF denies an application or revokes certification, a letter shall be sent to the applicant or provider by registered mail, which sets forth the reasons for the determination.

He-C 6339.24 Request for Certification Reconsideration.**Formatted:** No underline

(a) A request for certification reconsideration shall:

**Formatted:** Indent: First line: 0.42", Don't keep with next, Don't keep lines together

- (1) Be filed within 30 days of the date of receipt of the letter sent by DCYF;
- (2) Be submitted in writing; and
- (3) Be filed with the director of DCYF.

(b) The DCYF director shall uphold or overturn the request.

**Formatted:** Indent: First line: 0.42"

(c) The applicant or provider shall be notified of the decision, in writing by the director.

(d) The applicant or provider may appeal the DCYF director's decision pursuant to He-C 6339.25.

He-C 6339.25 Appeals.**Formatted:** No underline

(a) Applicants or providers who wish to appeal a decision to deny an application or revoke or suspend certification shall file an appeal with the commissioner, pursuant to RSA 170-G:4-a.

(b) In accordance with RSA 170-G:4-a, the appeal shall:

- (1) Be made in writing;
- (2) Be signed and dated;
- (3) State the reasons for the appeal pursuant to RSA 170-G:4-a; and
- (4) Be filed within 14 working days of the date of receipt of written notification.

(c) Pursuant to RSA 170-G:4-a and He-C 200, the commissioner or designee and 2 members of the DCYF advisory board shall hear the appeal.

**Formatted:** Indent: First line: 0.42"Appendix

Rule	Specific State or Federal Statute the Rule Implements
He-C 6339.01	RSA 170-G:4, XVIII; RSA 170-G:5
He-C 6339.02	RSA 170-G:4, XVIII; RSA 170-G:5
He-C 6339.03	RSA 170-G:4, XVIII; RSA 170-G:5
He-C 6339.04	RSA 170-G:4, XVIII; RSA 170-G:5
He-C 6339.05	RSA 170-G:4, XVIII; RSA 170-G:5
He-C 6339.06	RSA 170-G:4, XVIII; RSA 170-G:5
He-C 6339.07	RSA 170-G:4, XVIII; RSA 170-G:5
He-C 6339.08	RSA 170-G:4, XVIII; RSA 170-G:5
He-C 6339.09	RSA 170-G:4, XVIII; RSA 170-G:5
He-C 6339.10	RSA 170-G:4, XVIII; RSA 170-G:5
He-C 6339.11	RSA 170-G:4, XVII; RSA 170-G:5 and RSA 170-E:42
He-C 6339.12	RSA 170-G:4, XVIII; RSA 170-G:5 and RSA 170-E:42

<b>Rule</b>	<b>Specific State or Federal Statute the Rule Implements</b>
He-C 6339.13	RSA 170-G:4, XVIII; RSA 170-G:5 and ;RSA 170-E:42
He-C 6339.14	RSA 170-G:4, XVIII; RSA 170-G:5 and ;RSA 170-E:42
He-C 6339.15	RSA 170-G:4, XVIII;RSA 170-G:5 and RSA 170-E:42
He-C 6339.16	RSA 170-G:4, XVIII; RSA 170-G:5 and RSA 170-E:42
He-C 6339.17	RSA 170-G:4, XVIII; RSA 170-G:5 and; RSA 170-E:42
He-C 6339.18	RSA 170-G:4, XVIII; RSA 170-G:5 and; RSA 170-E:42
He-C 6339.19	RSA 170-G:4, XVIII; RSA 170-G:5 and RSA 170-E:42
He-C 6339.20	RSA 170-G:4, XVIII; RSA 170-G:5 and RSA 170-E:42
He-C 6339.21	RSA 170-G:4, XVIII; RSA 170-G:5 and RSA 170-E:42
He-C 6339.22	RSA 170-G:4, XVIII; RSA 170-G:5 and RSA 170-E:42
He-C 6339.23	RSA 170-G:4, XVIII; RSA 170-G:5 and RSA 170-E:42
He-C 6339.24	RSA 170-G:4, XVIII; RSA 170-G:5 and RSA 170-E:42
He-C 6339.25	RSA 170-G:4, XVIII; RSA 170-G:5; RSA 170-G:4-a